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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on a case of Acute Dropsy without Albuminuria. By W. R. BASHAM, M.D., Senior Physician to the Westminster Hospital.

THE term "acute dropsy" is usually applied to a successsion of symptoms, originating most commonly from exposure to cold and wet, followed by rigors and febrile disturbance, more or less difficulty of breathing, scanty and all but suppressed urine, with or without traces of blood in it, and a diffuse, dropsical condition of the surface of the body, affecting the entire areolar tissue, with albumen in the urine in greater or less abundance.

These symptoms are usually observed to be so constant that the term "acute dropsy"—a phrase of a past generation—has been displaced, and "acute albuminuria" substituted; for this form of dropsy is usually recognized as Dr. Bright's first variety, and acute morbus Brightii and acute albuminuria have become synonymous and convertible terms.

The occurrence of a case of this familiar form of dropsy, in which not a trace of albumen could be detected in the urine throughout the entire course of the illness, possesses much interest, as well to the practitioner as to the renal pathologist.

Richard H.——, aged twenty-six, employed in the gas works, was admitted into King William ward on Jan. 22d. He stated that about a fortnight previously, having been exposed to cold and wet, he suffered from cold chills and pains in his limbs, followed by considerable febrile disturbance; and that a morning or two afterwards he suffered much distress in his

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breathing, and there was a swollen and puffy state of the face, eyelids, and cheeks, as well as of the surface of the body generally.

On admission the aspect of the patient was strictly characteristic of acute albuminuria. The face was puffy; the eyelids were œdematous, as well as the backs of the hands and the arms as far as the elbows; the surface of the chest was slightly anasarcous, which was more pronounced from the thighs downwards. The respirations were hurried, and the breathing movement short; a deep inspiration could not be taken. The breath-sounds throughout the chest were indistinct, and everywhere obscured by moist wheezy murmurs. The resonance was equal in the corresponding regions of the two sides. The sounds of the heart were indistinct, from the moist sounds in the chest. Pulse 90. He complained of a teazing cough, worse at night, and dyspnœa, coming on in paroxysms. The expectoration was bronchial mucous. There was frequent micturition, but the urine was scanty in quantity, very high-coloured, of a bright sherry colour, and of sp. gr. 1022. Not a trace of albumen could be detected in it. Neither heat and nitric acid, nor nitric acid alone (Harley's process) poured gently down the side of the tube so as to form a layer at the bottom, indicated the faintest trace; nor was any cloud produced by nearly pure alcohol. He was ordered the compound jalap powder, and an effervescing saline with chloric ether; to relieve the cough, the sweet spirits of nitre and compound tincture of camphor proved of service.

The cough continued troublesome for the next few days, but the breathing improved, and the paroxysms of dyspnœa subsided. The bowels acted freely with the powder, and by the fourth day there was a sensible reduction of the dropsy. Each day the urine was carefully examined by the several processes named, and no trace of albumen was discovered.

On the 31st, nine days after admission, the dropsy of the surface had disappeared. There was no œdema of the face, hands, trunk, or lower extremities. The cough had abated, and the chest-sounds were natural, save a slight bronchial murmur in the large tubes. An examination of the præcordial region led to the detection of what at first was thought to be a slight systolic murmur, heard chiefly at the apex of the heart. It is due to the intelligence of Mr. Winckworth, one of our most diligent students, to say that he first detected the murmur, and drew attention to the fact that it was less systolic than was at first supposed, for that a distinct to-and-fro murmur was heard if the ear was brought directly to the chest. There was no increased or irregular impulse—no tumultuous action; the pulse was from 78 to 80, perfectly quiet and natural; and the breathing unembarrassed. As the man had been under the care of Dr. Radcliffe for rheumatism some eight months previously, in all probability some pericardial mischief was then established. It was evident, from the state of respiration, pulse, and heart-impulse, that no recent disorder of this organ could have occurred. The man left the hospital of his own accord, perfectly convalescent, on Feb. 9th, just eighteen days after admission.

It is very clear from this case that all the usual conditions may concur to establish a diffuse, or what was once called an acute, dropsy, without the kidneys being in any way implicated beyond such an amount of functional disturbance as may be indicated by scanty urine—simply deficient in the proportion of water ordinarily present, and which usually accompanies the mildest febrile disturbance.

The heart was never sufficiently embarrassed to have had any share in the production of the dropsy. Moreover, the whole history of the case, as well as the condition of the patient on admission, proclaimed that kind of febrile disturbance, with bronchial congestion, the usual precursors of a diffuse dropsy, which hitherto has been all but universally associated with renal engorgement and albuminous urine; so much so, that on my first examination of the patient, and hearing the clinical clerk read out the category of symptoms and history, I unhesitatingly exclaimed, "A case of acute albuminuria: now let me see the urine." The result has been stated. Such an instance has never occurred to me before. It is very clear that such cases must be very infrequent, as, with a tolerable experience at this hospital and elsewhere, I have never met with a similar exemption from albumen in the urine during the existence of a diffuse dropsy following rigors and febrile disturbance. The ordinary renal congestion, which,

in acute dropsy, is usually as common as the pulmonary engorgement, was therefore entirely absent; and it is a singular example of important organs escaping a complication which is so formidable in a great majority of cases that it may be truly said that nineteen-twentieths of fatal cases of morbus Brightii date their origin from an inception analogous to this case, save in the important feature of a non-albuminous urine.

It is impossible to assign any cause for this exemption. The man's antecedents would seem to justify an unfavourable inference rather than otherwise. He had suffered acute rheumatism rather severely; he was not very regular or steady in his habits, and these were of the type which form so prominent a feature in most cases of morbus Brightii. From a clinical point of view, the necessity for an accurate examination of all the organs, and of such excreta as are likely to assist in diagnosis, is sufficiently declared. I venture to say, further, that we may still without impropriety retain in our nomenclature the words "acute dropsy," or, if it be more demonstrative, "acute febrile dropsy," since it is manifest from this case that a dropsical infiltration of the areolar tissue of the chief organs of the body may follow a febrile attack, without, as ordinarily happens, the transudation of albumen in the urine being coincident with it.—*Lancet*, Aug. 24, 1867.

HOSPITAL NOTES AND GLEANINGS.

Treatment of Bubo at the different London Hospitals.—The subject of bubo, especially venereal bubo, is one upon which it is always interesting to compare the views held by various experienced observers. No doubt we do not often see in the well-nourished classes those cases of suppurating bubo which, from the altered condition of the skin of the groin, are a source of endless trouble to the surgeon. Still, every now and then, in peculiar constitutions, a case may be met with which is disheartening enough to the medical attendant, who would be very grateful for any hints which were likely to help him out of his difficulty.

Guy's Hospital.—The following is an outline of the methods of treatment adopted by Mr. Durham in the ordinary forms of bubo.

1st. In the case of the numerous, slightly enlarged, hard, painless glands usually associated with true syphilitic sores, no local treatment is considered necessary. The glands participate more or less directly in the general treatment. This essentially consists, in the majority of cases, in regular mercurial inunctions about the inguinal regions.

2d. In the case of the less numerous (or single), more enlarged, painful and tender, but still somewhat hard, glands, associated with simple or suppurating venereal sores, or with syphilitic sores which have become inflamed, or sometimes with gonorrhœa, *rest* as thorough as possible, is enjoined. At the same time, all practicable measures are taken to remove the irritation and allay the inflammation of the parts primarily affected. When it can be borne, continuous pressure is maintained over the enlarged glands by means of a large pad of cotton-wool or lint, and a spica bandage. In some cases the iodide of potassium ointment, or the iodine ointment, is freely smeared over the parts beneath the pad, and from time to time gently rubbed in. In other cases (especially in those in which pressure cannot be borne, and in which the patient is obliged, or is able, to lie up), the skin over the glands is repeatedly painted with the strong tincture of iodine, or with some blistering fluid. The former line of treatment is adopted in cases in which it is desired to act upon the glands by means of medicaments absorbed; the latter in cases in which counter-irritation seems likely to be useful, and in which it can be carried out without hurt or undue inconvenience to the patient. In many cases in which there has been much tenderness, a combination of extract of belladonna with iodide of potassium has been applied with apparent benefit. Every endeavour is made in every case to prevent suppuration altogether, or at any rate to put it off as long as possible, and to confine it within the narrowest limits. If, however, suppuration should seem inevitable, warm fomentations and poultices are recommended.

3d. In the case in which the skin is painful, red, and thinning, and in which it is manifest that suppuration has taken place in or about the glands, the buboes are at once opened by the lancet or knife in such a manner as to give the freest and quickest exit to the pus, and poultices are ordered to be applied for a few days. The direc-

tion and extent of the incision may vary with the shape, size, and condition of the abscess. As a rule, the incision corresponds in direction with the longest diameter of the abscess; and the length of it is determined by the extent to which the thinned and damaged skin will probably be left "undermined" after the bulk of the matter has been discharged. A well-judged free incision in the first instance often prevents the necessity of subsequently slitting up troublesome sinuses, and of dividing portions of undermined skin which will not adhere to the subjacent structures. In cases in which the abscess is roundish in outline, the vertical incision is preferred. In the majority of instances, however, the abscesses are elongated in the direction of the inguinal fold; in such cases the incision is made about parallel with Poupart's ligament.

In cases in which there is but a small, soft, fluctuating spot surrounded by more or less defined hardened structures, and in which the skin is but slightly reddened, or not at all, and in which there are few signs of acute inflammation, a small puncture into the abscess is considered sufficient.

In some cases the abscess appears to be in the structures surrounding the glands, rather than in the glands themselves. In such cases, after the matter has been evacuated, the glands may be seen standing out, as it were, more or less enlarged and hard, and overlapped to some extent by the undermined edges of the incision. The application of strips of lint smeared with the red oxide of mercury ointment to the glands is the treatment ordinarily adopted when the case has assumed a chronic aspect.

In cases in which open buboes take on a chancrous aspect they are treated on the same principles as the primary sores to which they correspond. Some are stimulated, as by nitric-acid lotion or black lotion; some are soothed by the application of preparations of opium or anodyne poultices. Occasionally, but rarely, destruction of the surface by strong nitric acid is necessary. In many instances the iron lotion (ferri potassio tartras, from ten to twenty grains in one ounce of water) is found useful, or a mixture of the iron lotion with some opiate.

In all cases the most thorough rest compatible with the patient's circumstances is insisted upon; and in cases in which general rest is impossible, local rest is insured as far as practicable by means of pad and bandage. In all cases, also, the general health of the patient is carefully attended to, and any constitutional symptoms are treated from time to time as they may arise.

St. Bartholomew's Hospital.—Enlargement of the inguinal glands often comes under Mr. Callender's notice in the out-patient room, and, beyond the continuance of general treatment for the disease, if any, from which such enlargement has originated, he does not resort to any active remedial measures, the patient being simply required to rest as much as possible in the recumbent position, or at all events to abstain from active work. Occasionally, for a medicine-wanting patient, some lead lotion has to be prescribed; and when, as now and then happens, the glands are somewhat painful, an opiate plaster is found to be an acceptable application.

The most speedy and the most certain mode of dispersing such glandular enlargement consists in the removal of the causes of the irritation, foremost amongst which are affections of parts of the genital organs and of the lower part of the rectum. Often, however, from the inability of the poor to obtain sufficient rest, the parts around the enlarged glands inflame and suppurate. During this stage warm emollient applications give the greatest relief; and later on, when suppuration has been fully established, a vertical incision becomes necessary, but in no case is the knife had recourse to until matter has fully formed throughout the bubo. After letting out the pus, a linseed-meal poultice for a day or two, and the subsequent use of water-dressing, complete the local treatment.

In broken-down subjects poisoned with syphilis, a bubo which has ulcerated, is dusky-looking, with ragged undermined edges, and extending pretty wildly through the groin, is frequently very slow in healing, not so much from any speciality which may infect it as from the ill-nourished and long spoilt system in which it is formed. Whilst attending to the general health, help may be given to such by cutting away the overhanging edges, by laying open sinuses, and by local applications (such as the dilute nitric acid) which destroy the unhealthy structures forming its superficies. Such

cases are often tedious in the extreme, and in truth are best remedied by transferring them from the out-patient room to the hospital ward, where they are speedily helped on, chiefly by the good food and by the enforced attention to cleanliness. As an ulcerating bubo happens to be languid in its healing, or irritable or painful, various simple remedies suggest themselves, such as zinc or opium lotion, and so forth.

The local treatment which suffices in the great majority of cases is rest, incision when suppuration is established, and the subsequent use of water-dressing. General treatment is of course as varied as are the conditions which influence the origin and the progress of the glandular affections.

St. Mary's Hospital.—Mr. GASCOYEN has observed in his practice that most of the cases of bubo requiring treatment have occurred either in strumous persons or in those of that particular habit of body known as the *lymphatic temperament;* and he is disposed to believe that in the large majority of patients, buboes are determined by constitutional rather than by local causes.

Any simple irritation of a part whose lymphatic vessels are in connection with a particular chain of glands may occasion enlargement of those glands; but in a healthy person, when the excitant is removed, the swelling will subside, and the glands recover their normal size and condition. In scrofulous or weakly subjects, however, in whom the vital processes are less active, and even in healthy persons who are careless of themselves, such glandular enlargements are more persistent; and they will often remain stationary, or will slowly increase under the stimulus caused by the ordinary movements of every-day life. When in this morbid condition, any further irritation may excite inflammation in the glands; but it seldom assumes an acute form and usually subsides under rest and simple remedies, though occasionally it will pass on to the formation of matter, and necessitate incision.

In the treatment of buboes, *rest* is the essential point to be obtained; and if the patient will early submit to this, the cases are but few in which suppuration may not be prevented. It is, however, difficult to secure this until the pain and inflammation have become severe.

After rest, Mr. Gascoyen has found poultices and warm fomentations of most service; the gentle warmth and moisture are most grateful, and, as they maintain the suppleness of the skin in the groin, the patient is enabled to walk about with greater freedom and less pain than under other methods of treatment. At night, some blue ointment, with or without the extract of belladonna or of opium, a weak iodine ointment, or some other form of mild discutient, may be smeared upon lint and applied under the poultice. These applications should not be rubbed into the affected parts, as the friction often acts injuriously.

Compression, by means of pads and bandages, has succeeded in Mr. Gascoyen's hands, as it is impossible to keep the patient from walking about, and the constant rubbing thus caused by these appliances upon the swollen glands constitutes a further source of irritation.

If, in spite of treatment, the glands have remained enlarged for a length of time, and are inconvenient from their size occasionally becoming painful with exercise, three or four leeches, applied twice or three times a week, will usually succeed in reducing them either by promoting their absorption or by causing them to suppurate. A succession of small blisters will often bring about the same result.

In those cases where the glands are sympathetically inflamed, as in gonorrhœa, balanitis, excoriations of, or sores on, the penis, &c., rest and evaporating lotions will generally relieve the inflammatory condition: but if the skin become reddened and the swelling painful, ten or twelve leeches should be employed, and repeated if necessary, followed by poultices. When the pain has subsided, absorption of the swelling will be expedited by the use of discutient ointments as above.

Mr. Gascoyen has seldom found benefit from the application of ice in such cases; it usually produces considerable pain in the part, and cannot long be tolerated. In his experience, suppuration has usually followed its employment.

Should the inflammation pass on to the formation of pus, as soon as it can be detected a puncture should be made to relieve the pain and tension, and to allow the escape of the matter; the bleeding from the cutaneous vessels is also of service in relieving the congestion of the skin.

As a general rule, Mr. Gascoyen is averse to the use of the knife in the treatment of bubo; in acute cases, however, which require incision, a small opening should be made early. When the affection is subacute and progresses slowly, and especially in strumous patients, incision should be postponed until suppuration is not only fully established, but a sufficient time has elapsed for the affected glands to have become broken down, or until the attenuated skin would suffer by further delay, or the purulent collection has commenced to burrow beneath the integument and form sinuses.

In these chronic buboes, which although taking origin in a local cause, are mainly dependent upon the state of the constitution, every means should be adopted to procure absorption of their contents, as not unfrequently large collections of fluid will entirely disappear, even when the skin covering them is much thinned and congested. Often, also, when the fluctuation is distinct, and the presence of matter seems to be unequivocal, a few drops of turbid serous fluid only will follow the knife, and a gaping wound results, through which large infiltrated glands protrude and prevent its healing until they have been destroyed. When sinuses have been formed by the burrowing of matter, incisions should not be resorted to until other methods of treatment have failed, as the large puckered cicatrices which result from this practice interfere greatly with the after use of the limb, and occasionally these scars, from over-exertion, will re-open and form most troublesome wounds to heal. To effect the closure of these sinuses, setons may be introduced through them, or they may be injected daily with stimulating lotions, or thoroughly plugged with lint, either dry or steeped in these. Pressure, by pads, upon their track is sometimes a useful adjunct; and, where the sinus is quite subcutaneous, pencilling the skin freely with the solid nitrate of silver will frequently excite sufficient inflammation to cause adhesion of the walls.

The indurated condition of glands which almost invariably attends a hard chancre, or is present in cases of constitutional syphilis, seldom requires local treatment. Should inflammation occur, it is the result of simple irritation, and is rarely followed by suppuration; rest and the remedies employed for the general infection will usually cause their gradual subsidence.

The reverse is the case, however, in the buboes which succeed to the soft or non-indurated form of chancre; but they are by no means its constant accompaniment. They may arise from simple causes, but sometimes are determined by the absorption of matter from the surface of the sore, and its transference to a lymphatic gland. When this occurs severe inflammation at once ensues in the gland and surrounding cellular tissue, and an acute bubo is speedily formed. In these cases, as suppuration is certain to take place, Mr. Gascoyen advises that a somewhat free incision should be made very early to insure the escape of the pus as soon as formed. The matter is of a virulent character, and, like the sore from which it originated, capable of inoculation; so that the open bubo is in truth a glandular chancre, and must be treated as one.

The constitutional treatment of buboes must depend upon their cause; but as a rule, it should be of a tonic character, except where there is much inflammation. In some cases iodide of potassium will be found of service. When the bubo is chronic, or an indolent sore has resulted, a moderate amount of stimulus, with a generous diet, is highly requisite.

Westminster Hospital.—Mr. Francis Mason is in the habit of treating the "sympathetic bubo," or that arising from simple inflammatory action, however caused, by the application of water-dressing from the commencement. The evacuation of the matter is delayed until the skin has become thin, when a small puncture is made in a dependent position, with a narrow tenotomy knife. The patient will scarcely feel this proceeding if the precaution be taken to make a slight pressure on the surface, so as to render the skin tense at the seat of puncture. The contents are allowed to drain away spontaneously. Mr. Mason disapproves of violent manipulation in such cases, and believes that, besides causing much suffering to the patient, it favours the reaccumulation of pus. The plan above described has been attended with the best results in this locality, as well as in those abscesses which are met with in the neck near the sterno-mastoid muscle. It is comparatively painless, and the scar that

remains is scarcely perceptible. The water-dressing has some advantages over the poultice. It is more readily kept in position, and is cleaner and less cumbersome than the poultice, which gets dry, and sometimes becomes very uncomfortable. In the "suppurating bubo" that so frequently accompanies the simple non-infecting sore on the penis, a similar plan of treatment is adopted, unless the case proceeds to the complete destruction of the skin, leaving an unhealthy-looking ulcer with ragged edges. The surface of such an ulcer may be much improved by the application of a poultice for a day or two, after which a lotion of nitric acid or of myrrh, or the black wash, or even the water-dressing according to circumstances, may be used with advantage. Mr. Mason finds that when the ulcer assumes an indolent appearance, the application of the powdered peroxide of iron to the part is attended with marked benefit. As a general rule, a tonic course of constitutional treatment is employed, adding, if necessary, five grains of Plummer's pill as an alterative every other night. As to the "multiple indolent" or amygdaloid enlargement of the glands which accompanies the "true infecting," or that sore which usually infects the system, no local application is used. Mr. Mason joins with those surgeons who delay the administration of mercury until the secondary eruption appears, when the solution of perchloride of mercury (P.B.), in drachm doses, is found to be a most valuable remedy.

London Hospital.—In the endeavour to prevent suppuration in specific bubo, Mr. Little is in the habit of applying leeches, one or two daily or every other day, according to the extent and degree of the inflammation in the part. He finds no other measure equally efficacious as this, which if it does not prevent suppuration, generally lessens the size and acuteness of the abscess. Leeches are applied by out-patients pretty regularly, and are therefore, he thinks, preferable to ointments, lotions, or poultices, which are often only half used by this class of patients, whose occupations interfere with treatment.

Mr. Little opens buboes early and freely, in order to limit the disease and hasten its cure, removing any thinned undermined skin, leaving a cavity with an aperture which any application can easily reach.

A weak solution of Condy's fluid is used at first, and superseded by a lotion of tincture of iodine (ten drops to an ounce of water) if the suppuration is excessive. Should the sore show no tendency to granulate, Mr. Little brushes the edges with nitric acid or removes them with the knife, fills the cavity with lint soaked in a somewhat stimulating lotion, and applies pressure with strapping or bandage; giving bark, quinine, or iron internally, unless other symptoms indicate the same specific treatment.

University College Hospital.—Mr. Berkeley Hill's first object in treating venereal bubo (Mr. Hill prefers the term "venereal" to "syphilitic," as syphilis is seldom the cause of suppurating bubo) is to allay the congestion and hyperplastic action of the cellular tissue around the inflamed glands, as this new formation becomes pus with extreme readiness, and leaves obstinate ramifying sinuses. Before suppuration has commenced, the patient is ordered rest in the horizontal position, to foment frequently with very hot water, and, if the skin is already red, to lay on linseed poultices between the fomentations. If congestion is very great, a vertical incision half an inch long is made at the most prominent part, and bleeding encouraged by fomentations. Where this early treatment prevents suppuration, and irritation is subdued, the swelling is firmly compressed by a pad and spica bandage. If this swelling is slow to subside, the skin covering it is stimulated by painting with iodine and iodide of potassium dissolved in three times their weight of spirit, or some other blistering fluid. If suppuration takes place, as soon as the skin yields at any point the knife is used and the matter drained away. Sinuses are stimulated by passing threads along them to their farthest limit, and bringing the ends out through the skin. A weak lotion of sulphate of zinc or nitrate of silver is daily injected into their channels. If this fails to close them, they are laid open, and the undermining tracts stuffed with lint, poulticed for a few days, and then dressed with red wash. When the skin is purple or much undermined, it is destroyed by potassa fusa and also poulticed. If the surface assumes serpiginous ulceration or becomes very indolent, or if a lymphatic gland remains without granulating, the surface is thoroughly cauterized with three drachms of nitrate

of silver in half a drachm of nitric acid and an ounce of water, then well poulticed until the slough separates, and afterwards dressed with water-dressing and well bandaged. If the constitutional disturbance is considerable, a purge and a saline febrifuge mixture are given. Afterwards, good diet, with beer; and for feeble digestion, quinine, with tincture of perchloride of iron. For weakly or scrofulous persons, fifteen grains of tartarated iron, with cod-liver oil and other tonics, are given. Mr. Hill never gives mercury or antimony for this affection. —*Lancet*, Nov. 23, 1867.

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Ligatures of large Arteries—Subclavian and Carotid; Common Iliac, and Femoral.—Of the three following cases operated by Mr. MAUNDER, in the London Hospital, two ended fatally.

Case 1 was that of suspected innominate aneurism, for the relief of which ligature of the subclavian and common carotid arteries had been resorted to. The patient had experienced uncomfortable sensations about the right shoulder for some months before pulsation was observed, and only submitted to operation when the tumour appeared to be almost on the point of bursting. A ligature was placed on the subclavian in the third part of its course, and as soon as that was effected the carotid was tied.

The appearance of the patient rendered the step which Mr. Maunder had undertaken far from enviable. The man was well nourished (fat), and the neck, by reason of the obstruction to the return of venous blood, greatly swelled, the structures being infiltrated with and glued together by albuminous effusion. The veins were greatly distended, and were ligatured when divided. At an unusual depth from the surface was found the external jugular vein of the size of the forefinger. Under this the operator tunnelled until the artery was reached as it lay upon the first rib. The brachial plexus was not seen, but was felt in its sheath; but the direct guide to the artery in this instance was a small vein lying upon the artery, such as the operator had already noticed in operations upon the dead subject. A ligature was readily carried round the vessel on a twisted needle, the proceeding occupying twenty minutes. The common carotid artery was now dealt with, and ligatured high up, by reason of the position of the tumour. The patient died on the sixth day after the operation, and at a post-mortem examination the aneurism was found to have arisen from the ascending arch of the aorta, and to have included the root of the innominate artery.

This patient had been carefully tended and examined repeatedly by Dr. Davies and Dr. Sutton, but even now it appears to be impossible to determine whence a small aneurism at the root of the neck may arise.

Case 2 was that of a male, the subject of inguinal aneurism of the right side and of diseased vessels generally. Judging from the history, the aneurism was consequent on a strain. Treatment by compression had repeatedly failed; the veins of the affected limb were greatly distended, and the patient had once almost lost his life by hemorrhage from an ulcer on the leg. He was perfectly unable to earn his living, and was most desirous to undergo operation by ligature. The tumour occupying a good portion of the iliac fossa, the operator determined to reach the common iliac artery from above and from without, and made the incision from the point of the last rib, downwards, forwards, and inwards, to a point an inch internal to and below the anterior-superior spine of the ilium. The muscles were severally divided, and all vessels bleeding were ligatured at once. The transversalis fascia was carefully opened, and then the peritoneum, having a moderate quantity of fat upon it, was gently raised until the left forefinger reached what was probably the body of the fifth lumbar vertebra. The wound being well opened by two tongue-depressors, the artery was distinctly seen to pulsate. The areolar tissue about the vessel was scratched through by the finger-nail, and a ligature was carried round the artery from within outwards. Notwithstanding the distance of the artery from the surface, it seemed to an observer that the vessel was reached with comparative ease. The man died on the seventh day after the operation, with gangrene of the extremity. At a post-mortem examination, it was found that the external iliac vein had been completely and for some time obliterated, doubtless by the pressure of the aneurism, but the common iliac veins and the small extent of the former vein on the proximal side of the aneurism were pervious, and contained fluid blood. The ligature had been applied very near the middle of the right

common iliac artery, which was about two inches in length.

Case 3 was that of a young man who accidentally punctured the femoral artery in the middle of the thigh. Blood had flowed very freely from the wound, and had been temporally restrained by a pocket handkerchief tied around the limb. The operation consisted in enlarging the wound in the line of the artery until the hole in the vessel was seen, the point of the fore-finger of the left hand being kept upon the aperture until the continuity of the artery was sufficiently exposed to allow of a ligature being applied both above and below the wound. This done, no further hemorrhage occurred. The ligatures came away on the twelfth and thirteenth days respectively after operation, and the patient left hospital a few days later convalescent."—*Med. Times and Gaz.*, Oct. 26, 1867.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Two Ounces of Chloroform swallowed without fatal results.—Dr. J. E. Tefft, of Springfield, Mo., records (*Western Journal of Med.*, Dec. 1867) the case of a man 28 years of age of good constitution, but broken down by hard drinking, who, with suicidal intent, swallowed two ounces of chloroform. No physician saw him until about three-quarters of an hour afterwards, at which time he was in complete coma and unable to swallow. Two hours after taking the dose signs of prostration came on, the pulse became very feeble, the respiration very laboured, skin cold, &c. Afterwards reaction set in and the patient recovered, and was well in a week. The whole of the chloroform swallowed was retained, no portion was vomited, and a stomach pump was not at hand. The case is interesting from the large quantity of chloroform swallowed and retained without fatal consequences.

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Trial of Tetrachloride of Carbon as an Anæsthetic; Dangerous Effects.—Prof. E. Andrews, of the Chicago Medical College, reports (*Chicago Medical Examiner*, Dec. 1867) a case in which it was necessary to perform resection of the hip-joint, in a very anæmic and exhausted patient, and who having previously suffered much from nausea after inhaling ether, disliked to take it a second time. As one of the chief advantages claimed for the tetrachloride of carbon is its freedom from nauseating effects, Prof. E. deemed that article best to use in this case. Nothing remarkable occurred at first, but after the lapse of a few minutes, the assistant, whose duty it was to watch the pulse, observed that it increased suddenly in frequency, so that in a short time he was unable to count it. At the same time, the patient, who was not yet unconscious, complained of a violent pain, as of cramp, in the vicinity of the heart, and after a moment more, the pulse and respiration both suddenly ceased. The patient's head was spasmodically drawn backward, the countenance looked pale and deathly, and the pupils of the eyes dilated until the iris could scarcely be seen. Artificial respiration was at once commenced, and strong aqua ammoniæ was rubbed in the nostrils, under which treatment, the patient revived again, although to all appearance almost dead. The anæsthesia was then completed by concentrated sulphuric ether, without further accident, and the carious bone excised in the usual manner. Prof. E. says that though there did not remain any prolonged unfavourable effect from the tetrachloride, he would not venture to use it again with our present knowledge.

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Removal of an Abdominal Tumour.—Dr. Delafield presented to the Academy of Medicine (New York) a large abdominal tumor, which had been removed October 20, by Dr. Atlee; the greatest circumference of the abdomen had been five feet; two weeks before the operation sixty pounds of liquid had been drawn off, and the day of operation forty-two pounds more. It was purulent and fetid. The patient did well for about twenty hours, but died at the end of thirty-six hours after the operation. The specimen was found to contain the uterus. In the discussion which followed the president, in response to a question from Dr. Markoe, related a case in which he had extirpated the uterus with a uterine tumour. Dr. Storer's cases were alluded to. Dr. Van Buren mentioned another case.—*Medical Gazette*, Dec. 7, 1867.

Toland Medical College (*San Francisco*).—At the commencement held on the 10th of October, the degree of M. D. was conferred on seven candidates.

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Obituary Record.—Died, in Cincinnati, Sept. 29th, 1867, of general paralysis, George Getz Shumard, M.D., an eminent geologist and physician. He was connected with several government scientific expeditions, and was State geologist of Texas.

FOREIGN INTELLIGENCE.

Our Knowledge of the Treatment of Cholera.—The Cholera conference at Weimar gave Mr. Simon, the Medical Officer of the Privy Council of England, the opportunity of comparing notes with the foremost of his fellow-workers in the field of epidemiology on the Continent, and the results of this interchange of experience as regards our present practical knowledge of cholera are thus expressed in his late report:—

"I am led to consider once more whether the additions which our previous knowledge of cholera has hitherto during this epidemic received, are such as to change in any respect the principles on which I have heretofore advised against cholera, or in any way to require that I should make other practical recommendations than those which were last year issued from this department. After giving to this question the best consideration in my power, I answer it, though with very mixed feelings, confidently in the negative. Doubtless it is lamentable that one should still have to speak almost with despair of the medical treatment of developed cholera. But so it is. The task continues to be, as from our first acquaintance with the disease it has been, an almost hopeless task for the practitioner. The experience of renewed epidemics, the studies of thirty-five years, have in this respect done little more than warn us from various kinds of hurtful activity, and teach us that at present our utmost power is but perhaps some very little ability of palliation. In the treatment of incipient cholera there might certainly seem more room for hope; but competent physicians are not agreed that even here their art has much true efficiency against the disease. Practically, then, more and more, as facts like the above become notorious, the business of resisting cholera on any large scale resolves itself into aims of prevention. And in contrast with the powerlessness of curative medicine, the preventive power which we possess is among the happiest possessions of science. Yet here, as in the former respect, though for reasons which are widely different, I have again nothing new to advise. That which for public use in this country I believe to be, without any shadow of doubt, now, as for long-past years, the all-important principle of cholera prevention—the principle that, for us, cholera derives all its epidemic destructiveness from filth, and specially from excremental uncleanness—this, of course, may be iterated and reiterated, with new and newer illustrations, but the utmost prominence which I can give to it was given in my last year's memorandum, and now knowledge neither permits me to express myself less strongly on the subject, nor enables me to express myself more strongly, than I have done even years and years ago."—*Med. Times and Gaz.*, Oct. 12, 1867.

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The Contagium of Cholera.—The researches of Klob and Thomé on the vegetable *mucedo*, which they have observed in the intestinal contents of cholera patients, have already been more than once referred to by us. Those who wish to follow up the subject will find the details in Klob's monograph, *Des Cholera Processus*, Leipzig, 1867; and Thomé's paper on "Cylindrotænia Choleræ Asiaticæ," in Virchow's *Archiv*, 38, xiv. tab. vii. Professor Hallier of Jena has published recently an elaborate research on this subject (*Das Cholera Contagium: botanische Mitersuchungen, von Arzten und Naturforschen mitgetheilt.* Leipzig, 1867). By an elaborate series of experiments, he gives a complete account of the culture of the organism found in the rice-water evacuations and vomited matter of cholera patients, which he identifies as colonies of *micrococcus*, the fruit of an *ustilago*. He says: "The most important fact in the appreciation of the *mucedo*, in its relations with a (hypothetical) contagium of cholera, is its energetic and almost inodorous decomposition of the azotized matters by the *cysts* of the *micrococcus*, at a high temperature—25-37°; the intestinal epithelium is completely decomposed by the *micrococcus*. If we reflect that the cholera is essentially characterized by the decomposition of the intestinal epithelium, and that

the *micrococcus* produces this decomposition, there is no room for seeking or admitting a choleraic contagium beyond the colonies of *micrococcus*." The practical application of these researches to the use of various chemical disinfectants is borne in view. The author supposes that the *mucedo* takes its origin on the banks of the Ganges; that it is produced on the rice, and forms part of the *ustilago*.—*Brit. Med. Journ.*, Oct. 19, 1867.

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Destruction of Marsh Miasmata by the Cultivation of the Sunflower.—M. Emile Martin, in a note sent to the Society of Experimental Therapeutics, states some observations which tend to show that the cultivation of the sunflower (*Helianthus annuus*,) will render localities infected with marsh miasmata healthy. This opinion, he says, is strongly maintained in certain localities in Holland, and he further asserts that the observatory at Washington has been exempt from intermittents, since plantations of sunflower have been annually cultivated there.—*Revue de Thérapeutique*, Nov. 15, 1867.

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Production of Scurvy Artificially.—A paper has been laid before the Royal Academy of Vienna, by M. A. Russak, of St. Petersburg, in which the author records several interesting experiments made with a view to discover the effect of common salt in producing scurvy. In M. Russak's first observation the web of a frog's foot was examined under the microscope shortly after a dose of salt had been subcutaneously administered. In this case the capillaries were found dilated and charged with blood globules. M. Russak next immersed a number of frogs in solution of salt of 5 per cent. strength. The animals lived for only three days, and post-mortem examination revealed the existence of numerous ecchymoses of the heart, the muscles of the lower extremities, the liver, lungs, and kidneys. The interdigital membrane presented a single capillary from whose ruptured walls a number of blood corpuscles had made their escape. Dogs submitted in like manner to the action of common salt were found to give similar results.—*Med. Times and Gaz.*, Nov. 9, 1867.

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Ligature of the Lingual Arteries.—M. Demarquay, the distinguished surgeon of the Maison Municipale, has recently presented to the Academy of Medicine of Paris an interesting communication on the subject of ligature of the lingual artery. After having given the history of twelve cases, in eight of which he operated himself, the other four having been collected from various sources, the author comes to the conclusion that ligature of the lingual arteries is not a difficult proceeding, and that the occasion for the performance of it is by no means of rare occurrence. Ligature of the arteries of the tongue has often been necessary in order to arrest hemorrhage, and the observation of this fact suggested to M. Demarquay the advisability of applying the ligature in the removal of large and deeply-seated tumours of the tongue. The results of his operations have borne out this view. Demarquay has, however, carried his experiments further, and has used the operation for other purposes than that of merely arresting hemorrhage. And herein consists the chief interest of his memoir. The ligature of both arteries of the tongue has been attempted with the view of bringing on atrophy of cancerous tumours of the organ, and, as a consequence, of prolonging the life of the patients. This experiment has been crowned with success, and in all the cases (amounting to three) the object was completely attained; while the sequelæ of the operation were of a most simple kind, and caused no inconvenience save temporary dysphagia, due to the proximity of the artery to the pharynx. In every case the wound was said to have healed easily and rapidly.—*Lancet*, Oct. 19, 1867.

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Methods of Dressing Wounds in the Parisian Hospitals.—The question of what is the best method of dressing wounds is now one of the most contested in France. It will, perhaps, be interesting for you to know the practice in this respect of our most highly reputed surgeons. It is not long since every one attempted at first to obtain union by first intention, and dressed the line of junction of the wound simply with fenestrated rag spread with cerate, and covered with a compress of carded lint (charpie). There remained the power of substituting an irritant pommade, if the wound offered any indications for it. This mode of proceeding is still adopted by many distin-

guished French surgeons, such as Messrs. Richet, Verneuil, Broca, etc. But, in 1852, Dr. Batailhé published a careful pamphlet in which he praised highly the excellent results obtained by the application of alcohol to the surface of wounds. He followed in this the practice of the most ancient surgeons, since Hippocrates, Guy de Chauliac, Paracelsus, Ambrose Paré, the surgeons of the seventeenth and eighteenth centuries, and many others whom I could quote, recommended especially wine, brandy, and aromatic and astringent tinctures. Shortly after the publication of this monograph of Dr. Batailhé, Professor Nélaton tried the alcoholic dressings at the Hôpital des Cliniques; and the result obtained, which seemed to be very favourable, has been detailed in an inaugural thesis published by one of his house-surgeons, Dr. Gauligac. This practice became then widely extended, and was followed by a great many practitioners.

Soon afterwards, led by theoretical ideas that the accidents which complicate wounds are most frequently due to the absorption which takes place on their surface of molecules of matter already dead, of septic matters in various stages of decomposition, other substances were tried as dressings, which have the character of being especially antiseptic. Thus M. Maisonneuve, surgeon of the Hôtel Dieu, has for some time employed almost exclusively a solution of carbolic acid, of which the following is the formula: Crystallized carbolic acid, 1 part; distilled water, 100 parts. M. Maisonneuve contents himself with dipping into this liquid a quantity of charpie, which he then applies directly on the diseased surface, covering the whole with several compresses and an appropriate bandage. Under some circumstances, when the wound appears to be in a condition of atony, M. Maisonneuve employs aromatic wine, or a tincture of arnica more or less diluted with water. We can affirm that most of those who, like ourselves, have followed the practice of this eminent surgeon, have been struck by the numerous cures obtained by this method. Glycerine, of which the antiseptic properties are well known, is preferred by Dr. Demarquay. This distinguished surgeon published, some years ago, a very complete paper on the use of glycerine. It presents, amongst other advantages, that of forming, in combination with starch, glyceroles with which a great number of medicinal substances can be incorporated. Ointments can thus be dispensed with; and we can avoid the employment of fatty substances, which make it so difficult to keep a wound in a proper state of cleanliness. In another school, the dressing of wounds is reduced to the utmost possible simplicity. They are merely covered with a compress steeped in cold water. Dr. Cusco, surgeon to the Lariboisière Hospital, uses an infusion of elder-flowers, instead of pure water. It is difficult to give judgment as to which is the best of these methods. M. Maisonneuve's plan, and pre-eminently the alcoholic dressings, are those which are most in favour. In addition, all surgeons are agreed in acknowledging the salutary influence exercised on wounds by the most perfect possible ventilation of the wards, the mental condition of the patient, the suppression of pain by anæsthetics, the careful ligature of arteries, great care not to excite pain while dressing wounds, and good alimentation.—*Brit. Med. Jour.*, Oct. 5, 1867.

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Extirpation of Spleen.—M. Pean recently presented to the French Academy a woman, aged 20, who had undergone the operation of extirpation of the entire spleen with the best results. The operation was undertaken under the idea that an ovarian or other pelvic tumour had to be removed, and neither the history of the progress of the case nor the results of careful and repeated examinations led to the most remote suspicion that the spleen was the organ concerned. The details of the operation may be perused in the memoir about to be published, and it will suffice here to say that, owing to the attachments of the diseased organ to the other viscera, it was difficult and tedious, and, with the aid of metallic ligatures and the actual cautery, was completed in the course of two hours, with very trifling loss of blood. At the end of the tenth day the patient was enabled to go down stairs into the garden, and about two months afterwards was presented to the Academy quite well. The tumour was formed of a large unilocular cyst, containing a very viscid fluid, and of great hypertrophy of the substance of the spleen. At present no serious injury or interruption to any function seems to have resulted from the ablation. Besides the innocuity of the operation, this case furnishes an additional proof that it is a mistake to say that

gastrotomy performed within Paris will necessarily prove fatal. In five out of the author's six cases of ovariotomy performed in Paris success has been the result.—*Med. Times and Gaz.*, Dec. 7, 1867.

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Bichloride of Methylene.—Mr. P. Marshall gave, to the Medical Society of London, the details of five cases in which he had administered the bichloride of methylene—ovariotomy, excision of half of the lower jaw, amputation of the foot, fistula, and chronic disease of the knee-joint. He paid a just tribute to Dr. Richardson's inventive genius, stating that he considered the discovery of the bichloride of methylene a triumph of scientific induction, and that it would prove a useful and safe addition to our anæsthetics. This anæsthetic requires to be used with an apparatus which will permit its rapid diffusion together with the admission of air. M. Faveaux has completed an apparatus well suited for this purpose. The effects of the bichloride are much more rapid than those of chloroform; the second stage of narcotism is not well-defined, but the patient passes rapidly from the first to the third. Two of the cases in which he had used the bichloride were followed by slight sickness, but in the others it acted kindly, quickly, and favourably. The time required to put the patient under complete influence was from three and a half to seven minutes, and the quantity used was from two to six drachms. The pulse in three cases ranged trom 65 to 80; the others offered a marked contrast in this respect, for it ranged from 114 to 120. In one case there was squinting during its action.—*British Med. Journ.*, Dec. 7, 1867.

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Ozone.—It is now confidently asserted that, through the persevering labours of several distinguished chemists, the true nature of this important agent has been discovered. In the *Med. Times and Gaz.*, Oct. 5, 1867, will be found a very interesting paper on this subject with a résumé of the various hypotheses on the nature of ozone, which have been propounded from the time of its first observer, Van Marum, in 1785, or of its real discoverer, Professor Schönbein, in 1840, down to the satisfactory solution of the present day.

Andrews and Tait, in a paper presented to the Royal Society in 1860, comfirmed the previously known fact that only a small proportion, in extreme cases only one-twelfth, of the oxygen can by the electric discharge be converted into ozone, found that a constant and considerable diminution of volume accompanied the change. 100 volumes of oxygen, when subjected to the silent discharge, may contract to about 92 volumes. Hence ozone must be denser than oxygen. But another important fact was observed. Mercury, or some other oxidizable substance, was introduced into the ozonized oxygen, and the ozone was entirely absorbed. Strange to say, the oxygen which remained behind was found to have precisely the same volume as it had before the removal of the ozone. If 92 volumes of ozonized oxygen were so treated, 92 volumes of oxygen free from ozone would in all cases remain behind, so that the density of ozone appeared to be absolutely infinite. On the other hand, if the ozonized oxygen were heated, the original 100 volumes would be obtained, because, as every one knows, ozone is destroyed by heat.

Andrews and Tait did not attempt to account for this extraordinary fact; but soon afterwards Dr. Odling suggested an explanation which has recently been confirmed in a most striking manner by an experiment of Soret's. (*Comptes Rendus*, November 27, 1865.) It is now conceded by nearly all chemists that each molecule of oxygen in the free state consists of two atoms—that, in fact, the true formula for free oxygen is O_2. Odling suggested that the formation of ozone might really be the condensation of another atom of oxygen into each molecule, and that the formula for ozone might therefore be O_3, and its density one-half greater than that of oxygen. When 100 volumes of oxygen were reduced by ozonization to 92 it might be supposed that 8 volumes of oxygen combined with 16 volumes, and produced 16 volumes of ozone. The change might be represented in this way :—

$$4O_2 + 8O_2 = 8O_3.$$

a molecule of ozone O_3 occupying the same volume as a molecule of oxygen O_2. The absorption of the ozone by mercury, iodine, etc., might really be only the removal of the third atom of oxygen, which would of course leave the volume unaltered.

16 volumes 16 volumes

$$8O_3 + 8Hg = 8O_2 + 8HgO.$$

The same view would account for the mutual reduction which ozone and peroxide of hydrogen exercise upon one another, and, in fact, for all known reactions of ozone.

Ozone.		Peroxide of hydrogen		Oxygen		Water
O_3	+	H_2O_2	=	$2O_2$	+	H_2O.

This beautiful hypothesis, however, must have remained a mere hypothesis but for the remarkable experimental verification which it has received from the hands of M. Soret. We have seen that all ordinary substances are only capable of removing one atom of oxygen from each molecule of ozone; but Soret has at length succeeded in finding a body—oil of turpentine—which absorbs the whole molecule, the whole three atoms of oxygen. To take our previous illustration, if the 92 volumes of ozonized oxygen were treated with oil of turpentine, a dense white cloud would appear, the ozone would disappear, but instead of the volume remaining the same it would contract to 76 volumes, the $16O_3$ having been removed bodily instead of being merely reduced to $16O_2$.

This experiment seems to place the matter beyond a doubt, and instead of the mass of hypotheses which so lately reigned, we have now a simple, beautiful, and coherent theory which affords an intelligible explanation of known facts. It is the more to be rejoiced at, since the importance of ozone in art as well as nature seems to be rapidly developing, and it is impossible to say how high that importance may rise.

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Artificial Legs and Arms.—The Exhibition of 1867 was rich in artificial limbs. M. Tillaux, in his report of the jury, justly observes that there are two different ends served by these limbs; one of perfect imitation and deception; the other of real utility for the ordinary needs of life. The best artificial arms were till lately, from this point of view, objects of luxury, and the hook was more useful for working purposes than the hand, although less sightly. M. de Beaufort has, says the reporter, at last constructed an arm as simple as it is useful. He calls it the poor man's arm; a just title, since it is cheap and capable of assisting the working man. The hand works nearly always as a pair of pincers, the thumb forming the branch, and the four other fingers forming the second branch. M. Beaufort has constructed a hand composed of four immovable fingers, half flexed, and of the movable thumb, placed in opposition to the medius and index. A simple spring in India-rubber adapted to the thumb permits the patient to separate it from or bring it in contact with the other fingers, and the problem of prehension is solved in a most complete and simple manner. A Crimean soldier, who had lost both of his arms, was able with the apparatus of M. de Beaufort to play four games of chess without his adversary suspecting the mutilation. The hand is very light, and infinitely cheaper than those hitherto made, and it is useful. When the amputation is complete and only a stump is left at the shoulder, a simple movement of the stump extends the artificial arm, with the palm of the hand presenting upwards, or flexes the forearm, carrying the hand into the prone position. The arm may be fixed at will in the latter (the most useful) position in a very solid manner. M. Tillaux concludes that this is an immense progress in the construction of artificial arms, and leaves really little to desire. In artificial legs, M. Beaufort also, according to the reporter, succeeded beyond others in introducing happy modifications. Remarking that the *pilon* was the apparatus preferred by patients, he has ingeniously adapted a wooden foot so as to increase largely the surface of support on the ground, and to destroy thus the principal objection to the *pilon*. Further, and this is a capital point, the inventor has given to the plane surface of the foot, a convex form which permits the patient to raise himself on the stump, at the same time that he bends the leg to make a step by bearing on the fore part of the foot. He simulates thus the normal mode of walking. M. Tillaux also praises highly an articulated artificial leg of the same inventor. Many makers exhibit beautiful apparatus, well-made, capable of deceiving the eye of the observer, but which the patient is happy to abandon for the simple *pilon*.—*Brit. Med. News*, Nov. 2, 1867.

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New Method of Preparing Anatomical Specimens.—Very great interest, almost amounting to enthusiasm, has been excited amongst anatomists and pathologists by the admirably preserved dry preparations of Professor Brunetti, of Padua, displayed

at the Paris Exhibition. In the specimens thus preserved, microscopic forms and topographical relations of parts are preserved; they retain their lightness, and a good deal of their suppleness (they are stiff, but not brittle or immovable); they may be handled without fear, and can be preserved for an indefinite time. Dry, clean, and light, they are readily capable of transmission; and sections of specimens can be forwarded from one observer to another with great facility. M. Brunetti described to the Congress of Paris the method by which he attains these results. It includes various stages: 1. *Washing*, which is done by injections of pure water into the vessels and excretory canals. Thus are withdrawn the blood and other fluids, which escape by a separate issue, accordingly as the injection is made into the arteries, the veins, or the excretory canals. Alcohol is then injected, to complete the removal of the water which has been left in the vessels. This injection is intended to prevent the putrefaction which would result from the presence of water in the tissues, and to prepare the way for other substances possessing the power of arresting putrid decomposition. It is known that tannin enjoys this property in an eminent degree in respect to all the tissues except fat. 2. The removal of the fat must, therefore, precede the tanning. It is practised by the aid of sulphuric ether. The duration of this operation varies from two to ten hours. The ether is injected through the vessels into the substance of the tissues, which it frees from their fat. 3. The *tanning*, or preparation by tannin, is performed after the ether has been removed by repeated washing. The tannin is dissolved in boiling distilled water, and the solution is injected into the arteries, the veins, and the excretory canals. 5. The drying is effected with air heated and dried by the aid of chloride of calcium. This air not only surrounds the external parts; it penetrates to the interior of the tissues by means of an appropriate forcing pump, which carries even into the primitive histological elements a continuous current of air compressed by a pressure of several atmospheres. The air reaches the utmost extremities of the capillary vessels, traverses their walls, penetrates all their cavities, insinuates itself into all the interstices, driving before it all the fluids which it replaces. Thanks to it, the vessels preserve their normal state of dilatation, as if they were still traversed by fluids. M. Brunetti's preparations have been among the most interesting objects at the exhibition; and he has shown great public spirit in describing openly all the processes by which they are obtained.—The following process of M. Von Vetter, for the preservation of anatomical specimens, has also been recently published, and is said to yield excellent results: Add to seven parts of glycerine at 22° one part of raw brown sugar and half a part of nitre, till a slight deposit is formed at the bottom of the vessel. The portion required to be preserved is then plunged, dried or not dried, and it is left in the mixture for a time proportional to its dimensions; a hand, for example, should remain eight days in the liquid; when it is taken out, it is as stiff as a piece of wood, but if it be suspended in a dry and warm place, the muscles and articulations recover their suppleness.—*Brit. Med. Jour.*, Oct. 5, 1867.

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Our Black Descendants.—At a meeting of anthropologists, which had also an international character, at Paris lately, M. Quatrefages, one of the most eminent French *savans*, raised the question, whether the first inhabitants of Europe were white or black. M. Quatrefages thinks that the whites preceded every where the negroes, who descend from them. The principal argument which he invokes in favour of that opinion is the following. All travellers who have lived in countries where only the negro race dwelt, have remarked that sometimes children were born of paler colour, less distant from the white type. This, says M. Quatrefages, is to be explained by the influence of white ancestors, whose type reappears exceptionally amongst their negro descendants. This reappearance of the ancestral type is what is called atavism; "and, as black children are never found amongst the white races, it must be inferred that, if the negroes descend from the whites, the whites do not descend from the negroes."—*Brit. Med. Journ.*, Oct. 12, 1867.

We strongly suspect that M. Q. designed to quiz the anthropologists, for he surely could not have ventured upon such fallacious reasoning in sober earnest. He is too good a naturalist not to know that albinism occurs in all races of man and in every species of quadrupeds and birds, and that it can have no possible relation to the succession of races.

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The little book before us has this quality, and we can therefore say that all students will find it an invaluable guide in their pursuit of clinical medicine. Dr. Hartshorne speaks of it as "an unambitious effort to make useful the experience of twenty years of private and hospital medical practice, with its attendant study and reflection." That the effort will prove successful we have no doubt, and in his study, and at the bedside, the student will find Dr. Hartshorne a safe and accomplished companion. We speak thus highly of the volume, because it approaches more nearly than any similar manual lately before us the standard at which all such books should aim—of teaching much, and suggesting more. To the student we can heartily recommend the work of our transatlantic colleague, and the busy practitioner, we are sure, will find in it the means of solving many a doubt, and will rise from the perusal of its pages, having gained clearer views to guide him in his daily struggle with disease.—*Dub. Med. Press*, Oct. 2, 1867.

Pocket handbooks of medicine are not desirable, even when they are as carefully and elaborately compiled as this, the latest, most complete, and most accurate which we have seen.—*British Med. Journal*, Sept. 21, 1867.

This work of Dr. Hartshorne must not be confounded with the medical manuals so generally to be found in the hands of students, serving them at best but as blind guides, better adapted to lead them astray than to any useful and reliable knowledge. The work before us presents a careful synopsis of the essential elements of the theory of diseased action, its causes, phenomena, and results, and of the art of healing, as recognized by the most authoritative of our professional writers and teachers. A very careful and candid examination of the volume has convinced us that it will be generally recognized as one of the best manuals for the use of the student that has yet appeared. — *American Journal Med. Sciences*, Oct. 1867.

He evidently has opinions of his own, and does not hesitate to avow them in unequivocal language. Within a very small compass he has compressed a vast amount of matter in a clear, convenient, and well-arranged form. We have no hesitation in affirming that it is the best book of the kind we have ever seen. To the country practitioner, whose time is necessarily chiefly occupied in riding over his extensive district, we would commend this book as being a library of practice in itself, and one that can be conveniently carried in his coat pocket.— *Leavenworth Med. Herald*, Oct. 1867.

So well has the author accomplished his object, that we cannot refrain, despite our prejudice against handy-books in general, from pronouncing it a remarkable success. The arrangement of the subjects is most judicious and unexceptionable, and the manner in which he treats of the "essentials" of medicine is in the highest degree satisfactory to the reader. We have perused it diligently, and we hope impartially, and lay it down with naught but commendation.—*N. Y. Med. Record*, Sept. 16, 1867.

We must, with all candor and courtesy, concede to the author that he has done his work vastly better than those who have preceded him in this line.—*New York Med. Journ.*, Oct. 1867.

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CLINICS.

CLINICAL LECTURE.

Abstract of a Clinical Lecture on the Pathology and Treatment of the Typhoid State in different Diseases. By CHARLES MURCHISON, M.D., F.R.S., Physician and Lecturer on the Practice of Medicine at the Middlesex Hospital, &c.

I PROPOSE in the present lecture to direct your attention to several cases of disease, widely different in their nature, but in all of which there has been a similar group of symptoms, constituting the condition ordinarily known as the "typhoid state."

Case 1. William D., aged 23, admitted October 26th, 1866, on the seventh day of an attack of typhus fever, with well-marked eruption; a dry, brown tongue; great delirium and restlessness, and signs of congestion of the lungs. Marked improvement on the fifteenth day. On the eighteenth day, return of the febrile symptoms; an inflammatory swelling over the left parotid, and albumen in the urine. On the nineteenth day, frequent attacks of convulsions, which continued to recur until death by coma on the twentieth day.

After death.—Blood dark and fluid; great hypostatic congestion of lungs; spleen large and soft; kidney presenting the characters of a recent acute nephritis. A large quantity of clear fluid, containing urea, beneath the arachnoid, and in the lateral ventricles.

Case 2. John, F., aged 27, admitted December 3d, 1866, on the ninth day of an attack of typhus, with well-marked eruption, a dry, brown tongue, and albuminuria. On the thirteenth day, violent delirium, followed by stupor, floccitatio, and involuntary evacuations, which continued until death on the seventeenth day. No convulsions.

After death —Blood dark and fluid. Ex-

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treme hypostatic congestion of both lungs, the two together weighing sixty-eight ounces. Both kidneys greatly enlarged, weighing together fifteen ounces and a half, their surfaces smooth, and capsules non-adherent, their cortices extremely congested, and the tubes gorged with granular epithelium. Much clear fluid, in which a considerable quantity of urea was detected, at the base of the brain, and in the lateral ventricles.

Case 3. John S., aged 44, admitted into the London Fever Hospital, on October 12th, 1863, on the seventh day of an attack of typhus, with copious eruption. On the ninth day, acute delirium, followed by stupor, complete unconsciousness, low muttering delirium, and involuntary motions. On the thirteenth day, urine very scanty and smoky, containing epithelial and blood casts. During the following night, a fit of convulsions, lasting a quarter of an hour, and death by coma half an hour afterwards.

After death.—Blood dark and fluid. Extreme hypostatic congestion of the lungs. Spleen large and soft. The two kidneys together weighing fourteen ounces and a half, their capsules separating readily, and their cortices quite smooth, but very friable, intensely congested, with blood dripping in large quantity from the cut surface; all the uriniferous tubes gorged with opaque granular epithelium, and many of them containing extravasated blood. Much clear fluid in the lateral ventricles and at the base of the brain, which was not examined for urea.

Case 4. James P., aged 73, admitted November 13th, 1866, with an eruption of pemphigus over the greater part of the body. Many years before, he had suffered from "typhus," and from a rheumatic attack, but he had never had dropsy. Two years before, the eruption had appeared on his legs, and within the last three months it had spread over his body. Two or three days after the patient's admission, he became very restless and delirious at night; his tongue was dry and brown, and coarse moist *râles* could be heard over the back of the lungs; the urine was scanty, but though examined repeatedly, contained not a trace of albumen, and there was no dropsy. Death by coma occurred on November 21st.

After death.—The blood dark and fluid. The kidneys contracted and granular, their capsules firmly adherent, and their cortices having well-nigh disappeared. Œdema and hypostatic congestion of the lungs. Much clear fluid, containing urea, at the base of the brain, and in the lateral ventricles.

Case 5. John K., aged 49, admitted October 27th, 1866, with a gangrenous ulcer of big toe, the result of an injury, jaundice, and albuminuria. About November 15th, the patient became very restless and delirious at night; the tongue was dry and brown; there were signs of hypostatic congestion of the lungs; and the gangrene began to spread up the leg. On November 20th, convulsions occurred, and, after about twenty fits, the patient died comatose on the 21st.

After death.—The cause of the jaundice was ascertained to have been catarrh of the bile-ducts, from irritation of the calculus. Both kidneys were enlarged, and presented the characters of a contracting fatty kidney. Blood dark and fluid. Marked œdema and hypostatic congestion of both lungs. The fluid in the lateral ventricles, and at the base of the brain, was found to contain urea.

Case 6. James McW., aged 42, admitted October 15th, 1867, with symptoms of gangrene of the bladder, succeeding those of the passage of a renal calculus. On October 26th, a rigor, followed by fever, with dry, brown tongue, restlessness, and delirium at night, signs of congestion of the base of the lungs, and death, after an attack of convulsions, on November 7th.

After death.—Gangrene of the bladder; great dilatation of the right ureter. Sacculation of the right kidney, with complete destruction of its secreting tissue; numerous small abscesses in the left kidney. Congestion of the lungs. A considerable quantity of clear serum, containing urea in the lateral ventricles, and at the base of the brain.

Case 7. Henry P., aged 28, admitted September 13, 1866, with all the ordinary symptoms of rheumatic fever in an intense degree, which had lasted about ten days. There was no cardiac complication. On September 17th, he became suddenly worse; he was heavy and stupid, and could scarcely be roused; the urine was loaded with lithates, but contained no albumen; the tongue was dry and brown; there was now faint pericardial friction. On the following day, he became violently delirious; the temperature was 107° Fahr., and at 5 P. M., he died comatose. An hour before death, the tem-

perature was found by Dr. Murray to be 110 2° Fahr.; indicating an unusually rapid disintegration, or combustion of tissue.

After death.—Blood dark and fluid. A thin layer of recent lymph over surface of heart, but only half an ounce of fluid in pericardium. Both lungs exhibited in a marked degree the characters of hypostatic congestion, as seen after death from typhus. Spleen ten and a half ounces, soft and pulpy, like a "typhus-spleen." Both kidneys enlarged and hyperæmic, weighing together twelve ounces and a half, but surfaces smooth, and capsules separated readily. No fluid in cerebral ventricles.

In this case the products of tissue-metamorphosis, as indicated by the high temperature, were probably in too large quantity for healthy kidneys to eliminate.

Case 8. Esther P., aged 26, admitted November 5th, 1867, with febrile symptoms, a dry, brown tongue, and violent delirium. She had been ill for five days before admission, and presented all the symptoms usually observed in a bad case of typhus fever; but, on examination, no eruption could be discovered on the skin, and though there was scarcely any cough, there were all the physical signs of pleuro-pneumonia from base to apex of the left lung, and also at the right base; the urine contained a considerable quantity of albumen. For four days, the patient seemed to get worse; she had no sleep, was extremely delirious, and was with difficulty kept in bed; but at the end of that time, an improvement commenced, both in the symptoms and in the physical signs of the lungs; the albumen entirely disappeared from the urine, and on the 6th of December, the patient left the hospital well.

In the cases now submitted to your notice, the group of symptoms known as the "typhoid state" was the same, notwithstanding the varying nature of the primary maladies. These symptoms are, a quick soft pulse; a dry brown tongue; the symptoms and physical signs of hypostatic congestion of the lungs; impairment of the mental faculties; stupor passing into coma; delirium, which at one time is acute and noisy, at another low and muttering, and not unfrequently associated with muscular tremor; involuntary evacuations; and occasionally subsultus, carphology, or even general convulsions. The precise grouping of the symptoms will vary in different cases even of the same disease, while in diseases essentially different it may be identical.

The post-mortem appearances met with in such cases are a dark fluid condition of the blood; hypostatic congestion and œdema of the lungs; old disease or recent congestion, with epithelial engorgement of the tubes of the kidneys; enlargement and softening of the spleen, and, unless the typhoid state have been of very short duration, an accumulation of serous fluid in the lateral ventricles and at the base of the brain, the veins and sinuses of which are usually full of dark blood.

The typhoid state is developed more commonly in true typhus fever than in any other disease that we are called upon to treat in this country; and accordingly, all diseases in which the typhoid state is apt to be developed are constantly mistaken for typhus, so that the cases registered in official returns as deaths from "typhus," furnish no reliable test of the prevalence of this epidemic fever. The cases sent as typhus to the London Fever Hospital, and in fact, to all Fever Hospitals, from year to year, testify unequivocally to the fact that there is scarcely an acute disease to which flesh is heir which may not in the way pointed out be mistaken for typhus. Next to true typhus, enteric, pythogenic, or the so-called "typhoid fever," is the malady in which the typhoid state is oftenest met with; and this is one reason why it was so long, and is still so often, confounded with typhus. In many cases of enteric fever, it is true, the typhoid state does not appear at all, or only late in the disease, and in the latter case the attack is often, though erroneously, described as "gastric fever passing into typhus." Cases of pneumonia are not uncommon where the symptoms of the local disease are completely masked by those of the general blood-poisoning, in the form of maniacal delirium passing into coma; and there are few medical men who have not met with examples of acute rheumatism passing into a condition indistinguishable from the typhoid state of the typhus, and presenting similar morbid appearances in the solids and fluids after death. Another class of cases very commonly mistaken for typhus is constituted by certain forms of kidney-disease, and particularly the contracted, granular, or "gouty" kidney. In this form of kidney-disease the patient may at no period of his life have suffered from dropsy,

and the urine may contain only a minute trace of albumen; or, as in Case 4, even none at all. The symptoms ordinarily associated with one's ideas of kidney-disease are absent, and therefore when cerebral symptoms supervene, the primary disease is overlooked, and the case is regarded as one of typhus; or, if the attack be sudden or ushered in with convulsions, as one of apoplexy. The "serous apoplexy" of the pathologists of the past age—cases diagnosed as apoplexy during life, but where no apoplectic clot was found in the brain after death—were probably, for the most part, examples of contracted kidney. As physician to the London Fever Hospital, numerous cases of contracted kidney have come under my notice during the last six years in which the cerebral symptoms—the typhoid state—were indistinguishable from those of typhus, and where, failing in any previous history, the only points of distinguishing from typhus have been the absence of any eruption on the skin, and the fact that the temperature has been but little elevated above the healthy standard, except when some local inflammation has complicated the primary disease in the kidney.

I shall now endeavour to explain to you why it is that a similar state of the system is so often produced in the course of diseases so widely different, and to show, in fact, that the pathology of the "typhoid state" in all diseases is probably identical, whatever be the cause of the primary disease.

To take, first, the cases of contracted kidney, it is now generally admitted that the cerebral symptoms are due to a poisoned condition of the blood. There may be differences of opinion as to whether the actual poison is urea or some compound of ammonia; but for our present purpose, it is immaterial to inquire which of these views is the more probable. It is sufficient to know that the blood is poisoned with the products of the retrograde metamorphosis of the nitrogenous tissues, which it is the function of the kidneys to eliminate from the body. The destruction of tissue is not increased beyond the standard of health, but the disease of the kidneys renders them incapable of separating from the blood the normal quantity of the products of that metamorphosis.

Take next, the class of febrile diseases. It is well known that convulsions—a symptom characteristic of an extreme degree of the typhoid state—is not uncommon in scarlatina, and it has long been acknowledged that this symptom is independent of any cerebral lesion, but is due to poisoning of the blood in consequence of inflammation of the kidneys. Convulsions, however, are met with in many other febrile diseases besides scarlatina. I have known them occur in typhus fever a hundred times or more, and I have published evidence to prove that their pathology in typhus is the same as in scarlet fever. The urine contains always more or less albumen; the kidneys after death exhibit traces of disease, old or recent; and in not a few instances (as in Case 1) I have discovered urea in the fluid of the cerebral ventricles. But convulsions, under such circumstances, are only an extreme symptom of the typhoid state. In a large proportion of cases of typhus, even where no convulsions occur, albumen is present in the urine during the second week of the disease where cerebral symptoms are most apt to appear; and in several cases where death has been preceded for some time by the typhoid state, but not by convulsions, I have found (as in Case 2) urea in the cerebral fluid.

And if this be the pathology of the typhoid state in scarlet fever and typhus, it may fairly be inferred that the typhoid state in all febrile diseases, whether they be due, in the first instance, to a specific poison or to a local inflammation, admits of a similar explanation. As in the contracted kidney, the blood is contaminated with the products of tissue metamorphosis, but the cause of contamination is different. It is now well known that in all febrile disease the disintegration or combustion of the tissue is greatly increased beyond the healthy standard. To this is to be ascribed the increased temperature, which is the pathognomonic symptom of the febrile state, and the rapid emaciation. The products of this increased metamorphosis are mainly eliminated by the kidneys, and appear in the urine. As long as the kidneys are equal to the increased work thrown upon them, the blood is properly depurated, and the typhoid state is warded off. But if the kidneys be unequal to the task, either from the large amount of effete material to be eliminated, from previous disease in the secreting tissue, or from congestion resulting (as it often does) from their increased work, then the blood becomes contaminated, and convulsions or

the typhoid state supervene. This explains why albumen so commonly appears in the urine in the course of all acute diseases of a severe form, and why it is so justly regarded as an unfavourable symptom. It also explains why albuminuria is looked upon as a contraindication to any serious surgical operation. The surgical fever which follows an operation is attended by an increased metamorphosis of tissue; and if the kidneys be diseased, the products of the metamorphosis will be retained in the blood, and induce the typhoid state with all its dangers.

If the views now submitted to you as to the pathology of the typhoid state be correct, they furnish material for reflection as to its appropriate treatment. This ought to be directed towards depuration of the blood of the products of tissue-metamorphosis, avoiding, at the same time, all measures which will irritate the kidneys, and interfere still more with their secreting functions. At the present day, existence of the typhoid state is usually regarded as in itself an indication for liberal administration of alcoholic stimulants. Considerable experience of the typhoid state in all diseases has induced me to doubt the wisdom of the practice, and from an experimental inquiry at the London Fever Hospital, in which the patients admitted with typhus fever on alternate days have been treated with and without alcoholic stimulants, I am satisfied that the benefits of late years ascribed to alcohol in the typhoid state have, to say the least, been greatly overrated. Before drawing conclusions as to the good effects of alcohol in typhus, it is necessary to watch the course of the disease where no alcohol has been given, and this precaution has too often been overlooked. At the same time, you must not go way with the impression that stimulants, in moderation, are injurious in all cases where the typhoid state is present. Not unfrequently this condition is accompanied by great impairment of the heart's action, indicated by extreme weakness or irregularity of the radial pulse, a diminution of the cardiac impulse, and weakness with shortening of the first sound. Under such circumstances, stimulants in moderate quantity are unquestionably of use. It is the indiscriminate administration of large quantities of brandy in all cases of the typhoid state that I am induced to condemn, both from theory and from practical experience. Such a practice, it appears to me, is calculated to prove injurious by irritating the kidneys, and thus impeding the elimination of the products of tissue-metamorphosis with which the blood is contaminated. The administration of stimulants must be regulated by the condition of the pulse and heart, and not by the mere existence of the typhoid state.—*Brit. Med. Journ.*, Jan. 4, 1868.

HOSPITAL NOTES AND GLEANINGS.

Chronic Urticaria.—This is often a very troublesome affection, and a few hints regarding it, based on hospital experience, will be doubtless acceptable to our readers. Dr. Hillier, physician to the Skin Infirmary of this hospital, considers the disease to be one requiring the utmost discrimination for its treatment. Occasionally a case will be found to depend on one article of diet, which it requires careful inquiries and observation to ascertain. One case was found to be caused by cheese, another by coffee, another by tea. In such cases the mere disuse of the offending article will sometimes cure the disease. When the patient is of a rheumatic tendency, alkaline medicines are of use. In very many cases colchicum is of great service; some of these are probably gouty in their nature. In many of them, however, it is not possible to find any indications of a gouty constitution. Dr. Hillier has seen great benefit from the use of quinia, especially when the attacks occur with marked periodicity. When there is no gastro-intestinal irritation, arsenic has been sometimes found useful. Unfortunately it is not always easy to decide what remedy shall first be tried. One case coming under Dr. Hillier's care from time to time is always cured by a few doses of cod-liver oil. Dilute nitric acid has occasionally been found serviceable.

Of 28 cases of which Dr. Hillier has notes, 9 were either cured or received much benefit from the use of colchicum and alkalies. In 4, quinia was given, of which 3 were cured, and of 1 the result was not known. In 2 cases nitric acid relieved the patient. Of 3 cases under alkaline treatment alone, 2 were cured, and in 1 the result was unknown. Arsenic cured 1 very obstinate case, and aggravated another case.

In all cases of chronic urticaria it is important to inquire as to the possible existence of bugs, fleas, pediculi corporis, or

of the acarus scabiei. It is not uncommon for patients to suffer a long time from urticaria caused by one of these parasites, whilst other signs of their irritation are almost absent. In these cases ointment containing stavesacre or sulphur, with attention to cleanliness of bed and body-linen, will cure the disease. Local applications in other cases appear of little permanent use; lotions or ointments containing chloroform, or nitric or acetic acid lotions, give momentary relief.

Pruriginous strophulus, a disease of infants, closely allied to urticaria, is usually relieved by the syrup of the iodide of iron.

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Treatment of Acute Articular Rheumatism in the Paris Hospitals.—In the Paris hospitals there have been lately a great number of cases of acute articular rheumatism. It is interesting to study the different modes of treatment adopted by the medical men. The greater number give the preference to the sulphate of quinia, but they do not all administer it in the same way. Many practitioners give it only in doses of from 60 to 80 centigrammes, and continue the same while the acuteness of the symptoms continues. M. Monneret gives as much as 4 or 9 grammes of this medicine, but in fractional doses, and with careful observation of its action. Finally, between these two extremes, there is another and apparently very satisfactory mode of administration. At first, the dose is from 80 centigrammes to 1 gramme; it is afterwards gradually increased to 2 grammes or 2 grammes and 90 centigrammes at the end of three or four days. This dose is continued for several days, and then gradually diminished until the cure is decided. It is generally allowed that the sulphate of quinia acts in these cases as a counter-stimulant; but Dr. Frémy, of the Beaujon Hospital, dissents from this view. He maintains that it should from the beginning be given in large doses, because it acts peculiarly as a disturbing medium, by inflicting a more or less violent shock on the animal economy, so as to sharply arrest the course of the disease. From this point of view, although preferring the sulphate of quinia, M. Frémy would willingly employ other active medicines in rather large doses, such as tartrated antimony, opium, etc. No practitioner any longer believes in the influence of sulphate of quinia in the production of cerebral rheumatism, of which apprehensions had been raised by the observations of MM. Bourdon and Vigla. The use of nitrate of potash in the treatment of acute articular rheumatism is nearly abandoned. The same may be said of veratria, formerly lauded by Piedagnel and Aran, and which produced excellent results. Dr. Oulmont, physician to the Lariboisière Hospital, almost exclusively employs digitalis. Guided in his first trials by the researches of Traube in Germany and Hertz in France, M. Oulmont administers an infusion of 1 gramme of the pulverized herb in 120 grammes of water—a teaspoonful every hour. At the end of from thirty-six to forty-eight hours, the pulse and the temperature are lowered; on the third or fourth day, the pulse falls from 20 to 40, and the febrile heat is considerably diminished. At the same time, the rheumatic manifestations rapidly disappear. The cure sometimes takes place in six or seven days, but ordinarily in from twelve to nineteen days. No cerebral or cardiac complications ever supervene. These facts are of such a nature as to encourage experiments on a large scale in the administration of digitalis in acute articular rheumatism. As a matter of course, these different methods of treatment are always accompanied by general or local adjuvants, the ordinary use of which presents no interesting features.—*Brit. Med. Journ.*, Jan. 4, 1866.

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Cases of Defect of Speech, with Hemiplegia of the Right Side.—Within the last few weeks a series of cases, illustrating the connection between hemiplegia of the right side and the loss of the power of speech, or aphasia, have been under Dr. Peacock's care at St. Thomas's Hospital. One of these cases was that of J. E., aged 39, a married woman, but without children, who was admitted on July 19. She had been seized with a fit four days before her admission, when she was taking her supper, and fell off the chair in which she was sitting; and when, after an interval of about half an hour, she recovered her consciousness, she was found to be paralyzed on the right side, and incapable of speaking. She probably had another fit the following night, as she fell out of bed. When admitted, she had complete loss of the power of movement in the right side, and could not utter any articulate sound, so that she had to express her wishes by signs, her

intelligence being apparently unimpaired. About two months after she was received she again had an attack, apparently of an epileptic character, which, however, left her much in the same state as before. During the time she has been in the hospital there has been no material improvement in the state of the right limbs, and she has not been able to utter any articulate sound. It is doubtful whether the sensation is impaired in the paralyzed limbs, but she appears thoroughly conscious, and conveys, indeed, the impression of being a person of unusual intelligence. There is no loss of power over the lips and tongue, and she swallows without any difficulty. She makes signs to indicate her wishes, and sometimes becomes much excited, and cries if her signs are not understood. Attempts have frequently been made to get her to write; but though, when a slate is given to her, she makes marks upon it, there is no resemblance in them to any letters or words.

In the next bed to this patient is one whose case is the very converse to the first, the paralysis being on the left side, and the power of speech being unimpaired. The case is that of a female, H. H., aged 49, unmarried, and who for twelve months, concurring with the cessation of the catamenia, had suffered from symptoms threatening cerebral disease. She was suddenly seized, ten days before her admission, as she was leaving her house to go to church. She first let her prayer-book drop out of her hand, and then fell down, retaining, however, according to her own account, her consciousness all the time. When she attempted to rise she found that she had lost the power over her left side, and she spoke thickly, and had some difficulty in expressing herself; but that soon subsided. When admitted she was completely paralyzed in the left side, but she spoke perfectly distinctly and clearly, and her intelligence seemed unimpaired, though the nurse said that she was disposed to talk too much, and not always rationally. She has not materially improved since her admission, but says she has pains, and feels more power in the paralyzed limbs. Her speech has at no time been at all affected.

In two other cases the right side was paralyzed, though less completely than in the former instances; and in both of them there was some defect in speech, though to a much less marked degree than in the first case. One of them was a female, aged 57, admitted August 4. There were bedsores on the back and hips and on one leg; she had some power over the right arm and leg; and she spoke thickly, and sometimes could with difficulty be understood; occasionally also she made use of wrong terms, addressing her nurse as "sir," and the Doctor as "ma'am," without apparently being conscious of the mistake. Under a tonic course of treatment and careful management, the bedsores rapidly healed, and she partly recovered the use of the paralyzed limbs, but the power of speech and the defect of the memory of words continued much the same during the two months that she was in the hospital.

The fourth case was that of a man with imperfect paralysis of the right side, and some, but not very marked, impairment of speech.—*Med. Times and Gaz.*, Oct. 26, 1867.

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Aneurism of the Femoral Artery; Ligature of the External Iliac.—Geo. B.——, 11 years of age, was admitted into the Huddersfield Infirmary January 29th, 1865. On examination a pulsating tumour was found situated at the lower border of Poupart's ligament, on the left side, about the size of a walnut. The boy stated that he had not much pain except when the tumour was pressed upon, or the leg moved. A very slight difference was found to exist in the size of the legs. Both motion and sensation were considerably impaired, and two sloughs, each about the size of a florin, occupied the dorsum of the left foot. The swelling was first noticed about three months ago, and immediately after recovery from an attack of acute rheumatism, for which the ordinary alkaline treatment had been adopted. Distal compression was tried for some time with no good effect, for the tumour enlarged rapidly, and became very painful. The external iliac artery was tied on February 21st by Mr. Rhodes. After the operation the limb was enveloped in cotton wool, and in six hours the temperature of the leg was found to be almost equal to that of the other. No pulsation could be detected in the tumour after the operation, and it steadily diminished in size during his stay in the infirmary.

The ligature was removed on the tenth day. The wound healed well, and the boy was discharged on the 12th May, able to

walk comfortably with the aid of a stick. Nothing remained of the tumour but a small hard lump about one-fourth its original size. —*Lancet*, Dec. 28, 1867.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Mortality of Philadelphia during 1867 —The total mortality of the city, deducting 770 reported still-born, and 486 deaths from the country, was 12,683, being 2864 less than in 1866, and 3230 less than in 1865.

The following table shows the number of male and female deaths in each month of 1867, as well as the number of boys and girls, and the number aged five years and under :—

Months.	Males.	Females.	Boys.	Girls.	5 years and under.
January . .	692	684	323	304	510
February . .	548	494	281	259	433
March . . .	584	510	304	248	466
April . . .	560	528	279	254	419
May	670	590	345	255	489
June . . .	504	446	252	337	405
July . . .	727	688	488	458	869
August . . .	898	776	619	479	1023
September .	526	486	309	254	493
October . .	603	574	292	287	485
November .	488	443	199	187	337
December . .	486	488	244	236	398
	7286	6707	3935	3558	6327

The deaths of persons 70 years of age and upwards numbered 1289. Of the whole number of deaths 10,385 were natives of the United States and 2728 of foreign countries. The birthplace of the remainder was unknown. The deaths from consumption of the lungs amounted to 1945, being one more than in 1866.

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The Philadelphia College of Pharmacy. —We are pleased to see it stated that this very useful and active association has taken measures to erect a new and more commodious hall for its accommodation.

A spacious lot of ground has been purchased, and it is the design of the college "to erect a building which, besides ample accommodations for the classes in attendance on the lectures, will contain suitable apartments for library and reading room, and for the museum, which has already outgrown the space provided for it; also an ample assembly room, in which the members of the college and strangers visiting the city may meet for consultation, and for social and professional intercourse. Impressed with the advantages of this kind of association in developing a taste for scientific and practical knowledge, in stimulating to improvement, and creating an honourable professional spirit among individuals of similar pursuits, we intend that the new hall shall be a centre of attraction for the druggists and pharmaceutists of the city—a place where specimens and newly-discovered processes and apparatus may be shown, and where occasional lectures of general interest may be given. By having a resident janitor on the premises, admission can be obtained at all hours, and the several apartments can always be kept in readiness for their appropriate uses."

"A leading design is the location in the new building of a practical laboratory, for experiment and instruction. The Alumni of the college have already subscribed several thousand dollars, part of which has been collected and invested at interest, for the establishment of such a laboratory, but it was appropriately postponed till more suitable apartments could be procured. The great utility of this proposed feature of our college can hardly be over-estimated; in the midst of this great city, we need a practical school, conducted on a sufficiently comprehensive scale, where those branches of chemical science pertaining more especially to medicine and pharmacy can find ample development, where adulterations and sophistications can be detected and exposed, and where all can resort, on the payment of suitably regulated fees, to solve the problems continually arising in the course of their manufacturing pursuits."

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Cholera in an Emigrant Ship arrived at New York.—The Hamburg emigrant ship Leibnitz, Capt. Bornhead, we learn, sailed for New York, from Hamburg on the 12th Nov. 1867, with 9 cabin, 433 steerage passengers, and a crew of 23 men, making with 8 births on board, a total of 473 souls. There was no surgeon on board.

On the 21st day out a young woman from the Dutchy of Mecklenburg was seized with unmistakable symptoms of cholera, which proved fatal in a few hours.

The disease first made its appearance among the emigrants from Mecklenburg, where the cholera was raging when they took their departure. It increased daily until it had spread through the entire ship, and raged for a period of over four weeks

without interruption. Of 145 who were attacked but 40 survived.

On the arrival of the ship at the quarantine station, New York, Jan. 11th, 1868, the disease was reported to have disappeared, though there were a few patients not entirely convalescent. Of those who died on the voyage thirty-nine were children and sixty-six adults. But one of the crew is among the dead. The captain reports that many cases proved fatal in a few hours. Other patients fought the disease for many days, to be carried off at last and find a resting place at sea. Of those who died eighty-four were from Mecklenburg, where the cholera was epidemic in November last. The majority of the emigrants are of the better class of Germans, and many of them possessed considerable means with which to start in the New World. It is said that the food dealt out to the passengers was of poor quality, and water insufficient and filthy.

It is not merely reprehensible, it is positively criminal, to permit vessels carrying numbers of passengers to leave port without being provided with medical officers, and comforts for the sick.

Timely precautions should be taken at all our sea-ports to prevent, if possible, the invasion of our country by that terrific scourge, cholera, the coming summer.

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Cincinnati College of Medicine and Surgery.—This institution has established a chair of Psychology and Diseases of the Mind, and appointed Dr. J. A. Thacker to be its occupant.

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The Cincinnati Medical Repository.—This is the title of a new journal, edited by Dr. J. A. Thacker, the first number of which appeared in January last. It is to be published monthly and to be devoted to medicine, psychology, and surgery, and the collateral sciences. We extend a cordial greeting to our new co-labourer in the extension of medical knowledge.

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The American Journal of Obstetrics and Diseases of Women and Children.—Messrs. Moorhead, Simpson, and Bond, announce a new journal under the above title, the first number of which is to be published on the 1st of May next, and quarterly thereafter. It is to be edited by Dr. E. Noeggerath and B. T. Dawson.

Obituary Record.—Died, in Cincinnati, Dec. 6th, 1867, of disease of the brain, Dr. J. P. Judkins, Professor of Special Pathology, in the Miami Medical College. Dr. J. was a man of marked ability, and was highly esteemed both professionally and socially.

FOREIGN INTELLIGENCE.

Deaths from Inhalation of Chloroform in Paris.—In a late number of the *Gazette des Hôpitaux* we find a detailed account of two such deaths. One took place on the 14th of August last, the subject being a young girl of nineteen. She had taken chloroform, without any unpleasant consequences, three weeks before, to facilitate the excision of warts situated about the vulva. A second operation being necessary, she insisted on having chloroform administered again; and though she inhaled but a small quantity from a compress kept an inch from the face, she presented, after half a minute, symptoms of asphyxia, from which, in spite of the most unremitting efforts, she never recovered. M. Broca took an opportunity, when this case was mentioned at a meeting of the Surgical Society of Paris, to relate a case of his where a boy of seventeen died during an operation for the removal of a cystic tumour of the neck, whilst inhaling chloroform. This latter case was a most painful one, as the patient was seized with most violent excitement whilst a large vein at the bottom of the cyst poured forth much blood. The deligation of the vessel became extremely difficult during the almost uncontrollable convulsions of the boy, and fears were entertained that air might penetrate into the vein. At last the vessel was secured, and the surgeon was proceeding to dress the wound, when, several minutes after the chloroform had been removed, the pulse at the wrist suddenly stopped, and the patient died after artificial respiration had been kept up half an hour. M. Broca thought, at first, that air in the veins had killed the patient; but this view was not confirmed by the autopsy. It was understood, afterwards, that the boy had been subject to epileptic fits.—*Lancet*, Dec. 21, 1867.

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Yellow Fever treated by Sulphuric Acid Bath.—Dr. Grant, Deputy Inspector-General, at Bermuda, has sent us the full notes of an interesting case of yellow fever treated

by the sulphuric-acid bath, and in which, though the symptoms were very severe, recovery took place. The bath consists of hot water containing two drachms of strong sulphuric acid to each gallon of water. The patient remains in the bath a quarter of an hour, and is afterwards wrapped in blankets, and sponged with the same fluid as that which forms the bath night and morning. From the details given by Dr. Grant, this mode of treatment would seem to act by inducing diaphoresis, thereby lessening at the outset any febrile paroxysms. We regret we have not space to give insertion to the full details of the case.—*Lancet*, Dec. 21, 1867.

[It may be remembered that Dr. J. D. Miller, Surgeon U. S. N., stated (*American Journal of the Medical Sciences*, Oct. 1867, p. 390, *et seq.*) that he had employed in 1863 the hot bath (114° Fahr.), and found it exceedingly efficacious in the treatment of cases of yellow fever of great malignancy which occurred on board the U. S. Frigate Colorado. Whether or not the efficacy of the hot bath is increased by the addition of sulphuric acid can only be determined by clinical experience.—Ed. M. N.]

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Treatment of Stumps by 'Pneumatic Occlusion.—The Paris correspondent of the *Lancet* (No. for Dec. 21, 1867) gives an interesting account of this mode of treatment of stumps by M. Maisonneuve. A sort of cap, made of caoutchouc, incloses the stump. From this cap a tube leads to a large glass bottle, from which there issues another tube terminated by a small pump; this latter contrivance being destined to draw out the air contained in the whole apparatus and create a *partial* vacuum.

"M. M. believes that pyæmia is due to the absorption of putrid matter which forms in wounds. He does not deny that general causes, such as overcrowding, a vitiated atmosphere, certain variations of temperature, certain states of the system, &c., exercise an influence on the occurrence of pyæmia after surgical operations; but their influence must be limited to this—they merely accelerate the formation of putrid matter. Under certain circumstances the matter remains healthy for a length of time; under other conditions, it speedily becomes putrid—possessed of noxious qualities.—'Take, for example,' he said, 'an every-day occurrence. Under certain conditions of degree or of variability of temperature, the venison which is hung up in your pantry may keep good for days, or become rotten in a couple of hours. In like manner, according to certain individual or general circumstances, exuded matter takes a shorter or a longer time to become putrid.' As an application of this principle, M. M. applies to the wound compresses steeped in a weak solution of carbolic acid, which acts as a disinfectant, or aromatic wine, which *embalms* the matter.

"Well, the putrid matter having once formed, it undoubtedly has a tendency to go up, to be carried away in the circulatory fluid. The ancients knew this; so in the records of former practice—and even now-a-days—you see large pledgets of lint applied to wounds, so as to soak up the pus, and prevent it from lying loose about the wound, and being absorbed. Drainage, not to mention other means, is also of service in the attainment of this object. But M. M affirms that his pneumatic apparatus is the crowning process. His object, therefore, in the application of it, is *not to establish a vacuum*, with a notion that the atmosphere contains gases, the action of which may exercise an injurious influence (as many believe), or germs which may cause decomposition of effused or extravasated matters, according to Professor Lister's theory—his object is merely to rarefy the atmosphere, and by so doing to establish an influence the opposite of that of the absorbents, which may counterbalance or vanquish the tendency to absorption of the putrid matter. According to the surgeon of the Hôtel-Dieu, this object has been attained by the pneumatic apparatus in question. A certain rarefaction of the air about the stump is accomplished, and the putrid matter loses its tendency to travel upwards, and is drawn down in the opposite direction. M. Jules Guérin, who attributes the fatal sequelæ of surgical wounds simply to the noxious properties of the atmosphere, had also tried a pneumatic apparatus; but it was one of perfect occlusion; the vacuum had been made as complete as possible, and the results had been far from satisfactory.

"Such are the principles upon which M. M. has grounded his novel proceeding, and upon which he explains its excellent results. As to its management, it is very simple. As soon as the operation is performed, M. M. washes the wound with alcohol, aromatic wine, or weak solution of carbolic acid;

makes no sutures, but simply applies strips of plaster. He then puts on compresses steeped in either of the three fluids I have just named, and finally adapts the India-rubber cap. The exhausting pump rarefies the air, and the exuded matter runs into the bottle, wherein a certain quantity of a weak solution of carbolic acid has been placed beforehand in order to deodorize the fluids. It is not necessary to renew the pumping very often. The bottle may be opened and cleansed *ad libitum ;* and once or twice a day, indeed as often as necessary, the cap may be removed from the stump, and the wound cleaned or the dressing renewed. M. M. is most enthusiastic in regard to this process. He said that the results he had hitherto obtained justifies him in being so; ten or eleven operations, among which were three amputations of the thigh, having been remarkably successful. The case which we had just examined was less so than ordinary. But he had observed one case, an amputation of the thigh, in which, three days after the operation, the wound had been perfectly healed. He had not yet occasion to apply his contrivance to wounds resulting from accidental injuries, so could not judge of its value in such circumstances; but he intended to pursue his researches, and make them as complete as possible."

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Beneficial Effects of Perchloride of Iron in the Dressing of Surgical Wounds.—M. Bourgade, of Clermont Ferrand, in a paper read before the International Medical Congress, extolled this mode of dressing wounds, which he stated to be so beneficial, that of 95 operations which he had performed at the Hôtel Dieu of Clermont Ferrand, and which involved such serious procedures as excision of the breast, amputation of the thigh, &c., death had not occurred in one single instance. With regard to the general accidents which bring on death subsequently to surgical operations, he said that he would lay down three propositions: 1. These accidents were not generally observed in rural districts, whereas they were frequent in large towns, hospitals, ambulances, &c. 2. Even in these last conditions, they rarely supervene after the use of caustics, but frequently after the employment of the knife. 3. When once developed they are almost always fatal. Therefore, their development must be *prevented.* But to effect this, their causes must be known. From the propositions which he had just laid down, it was obvious that wherever a great agglomeration of people existed, there arose some cause which exercised a fatal influence on the cure of wounds exposed to the action of the air. If wounds resulting from caustic got cured, it was because the slough withdrew them from the influence of the noxious cause. Yet the knife must still be the most common and useful agent in the hands of the surgeon. How then could it be managed to withdraw wounds occasioned by the cutting instrument from the noxious influence of air? Mr. Bourgade said that for this purpose the perchloride of iron was an invaluable means. The mode of employment was as follows: After having finished the operation, applied ligatures, washed the wound, &c., he covered the whole of the surface with lint steeped in a solution of perchloride of iron. All the divided tissues, bone, vessels, nerves, &c., must be submitted to the action of the remedy. The lint must be left in the situation until suppuration causes it to fall off. A solid mass is thus produced, an actual magma, which acts in the way of a slough, and preserves the wound from the noxious action of air. Nay, there did exist a real cauterization of the parts through the caustic action of the perchloride. This slough fell off in turn in the space of a few days, and exposed a healthy surface, which M. Bourgade then dressed with aromatic wine. Thus employed, his mode of treatment had been successful in ninety-five cases in which it had been tried. It might be recommended in all cases, and it prevented purulent infection, putrid infection, phlebitis, angioleucitis, osteomyelitis, and subsequent hemorrhage. Of course, good hygienic measures must be coupled with the local treatment.—*Lancet*, Sept. 21, 1867.

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Organisms in the Air, &c.—The recent researches of numerous investigators would tend to prove that we live amid myriads of animalcules, which infest the air we breathe, the food we take, sojourn in our bodies, are cast out in our breath, in our ejecta, and hover perpetually about us, exercising, perhaps, a certain influence over our state of health or disease. For instance, M. Jules Lemaire, whose name has recently been so often quoted in your columns in connection with the much-vexed question of the employment of carbolic acid—M. Jules Lemaire, I say, has undertaken a series of

experiments, in the course of which he has been enabled to discover whole myriads of these little beings in the air which we expire, and in the filth which covers the skin of those who have a natural aversion to soap and water. Thus, M. Davaine, in an interesting memoir recently presented at the Academy of Medicine, and bearing upon the nature of carbuncle, related that in this disease there exist quantities of bacteria in the blood. This fact he had already stated at a former period, but he had not been able to determine whether the bacteria were the cause or the effect of the malady. The results of more recent researches now allow him to specify more precisely "that bacteria are to be found in all carbuncular diseases, of any form whatever; that the supervention of these little beings in the spleen, the liver, and the blood, precedes the occurrence of morbid phenomena; that carbuncular blood ceases to be contagious as soon as the bacteria have disappeared; consequently, that he is justified in considering them as the cause of carbuncular diseases." Meanwhile, M. Poulet, another investigator, informs us that multitudes of infusoria inhabit the air which is expired by children affected with whooping-cough. "The vapour proceeding from the child's breath presented, when examined with the microscope, a whole world of little infusoria. In all the cases they were identical. The more numerous, and, at the same time, the smaller of these animalcules, may be classified with the species which has been described by some as the *monas termo*, and by others as the *bacterium termo*. Others less numerous were seen scampering about under the lens." The observation of these facts led the author to express himself thus: "Whooping-cough, through the changes undergone by the air which is breathed out, must take its place amid the infectious diseases, among which I have examined from an identical point of view smallpox, scarlatina, and typhoid fever. This circumstance had been already brought to light by mere observation of facts, but examination with the microscope had settled it definitely." To conclude this little excursion into the world of the infinitesimal, I may just mention the interesting experimental researches which MM. Coze and Feltz, of Strasbourg, have been making on the presence of infusoria, and of the state of the blood in infectious diseases.—*Lancet*, Jan. 4, 1868.

Nature of Tubercle.—The doctrines of M. Villemin relative to the specificity (*la spécificité*) and inoculability of tubercle continue to command the attention of the Academy of Medicine and of the French medical press. It would be unreasonable to expect such doctrines to be readily accepted. They involve so many fine points of pathological anatomy and physiology, and they furthermore involve such an alteration of our old-fashioned notions on the nature and causes of tuberculosis, that some slowness in the reception of them is most reasonable and commendable. To almost disregard hereditary influence, and to be little more respectful of the diathetic peculiarities of the patient, is a bold innovation of teaching on this subject. But these are only the negative features of the new doctrines. The positive features are not less revolutionary. To find the pathological allies of tubercle in the granulations met with in the lungs of glandered horses or in certain syphilitic deposits (*les gommes syphilitiques*) is a bold assertion of anatomical analogies. It is, however, only due to M. Villemin to say that he does not unduly magnify the importance of the mere anatomical or morphological elements of tubercle. He seems to think, as many other observers do, that between mere inflammatory exudation and tubercle there is every gradation of material. He is very explicit in denying that there is anything specific in the morphological constitution of tubercle. Thus he says, the morphological elements which compose tubercle are the same as those of lymph, and as those due to the proliferation of conjunctive corpuscles. "La granulation tuberculeuse ne serait donc qu'une modification du tissu connectif au milieu duquel elle s'est developpée." The proper characters of tubercle —its specificity—are to be studied in its evolutions. The morphological relations of tubercle to the deposits in glanders and syphilis may seem to our readers remote and irrelevant. But it was by the comparative study of different morbid products in the light of recent general principles of anatomy and physiology that M. Villemin was led to practise the inoculation of tubercle, expecting its multiplication. He has just published a book on the subject, in which he expounds his doctrine and refutes objections to it. A copious digest of the contents and arguments of this book will be found in recent numbers of the *Gazette des Hôpi-*

taux, to which we are indebted. The whole question is yet in its very infancy. But whether we regard the philosophical method by which M. Villemin was led to his experiments, or the striking conclusions to which he has been led by his experiments, we must regard the idea of the inoculability of tubercle and the zymotic theory of phthisis as among the most interesting and urgent hypotheses of recent medical science. While admitting specificity of the phenomena resulting in animals from inoculation of tubercle—the multiplication of the inoculated substance, with all the signs "of a general infection of the organism, and death from marasmus"—and impressed with the fact that two observers (M. Villemin and Dr. Budd), from different and perfectly independent points of view, have arrived at a zymotic theory of tuberculosis, we cannot but confess the excessive difficulty of reconciling with this theory clinical facts touching the origin and progress of phthisis as we see it in daily experience, Still, clinical observation is apt to be narrow, and to lose sight of the primary facts of disease. So we shall keep our minds open to evidence from all quarters; and in regard to the inoculability of tubercle, we shall remember the observation of Villemin —"Whatever may be the explanation we give of the fact, we must resign ourselves to admit it, and to range tuberculosis among the affections which we attribute to the existence of a morbid germ capable of multiplying itself in the economy, and that, for this reason, we call zymotic maladies."—*Lancet*, Dec. 21, 1867.

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The Ophthalmoscope in Physicians' Practice.—It is stated (*Med. Times and Gaz.*, Jan. 4, 1868) that the ophthalmoscopic appearances in cerebral and other diseases are systematically studied at the Leeds Infirmary by Dr. Allbutt. He attaches great value to them. The wide district from which the Leeds Infirmary is supplied, and the number of its out-patients, would lead us to expect that a large field may be found in Leeds for such investigations. We hear that the great Lunatic Asylum at Wakefield has been kindly thrown open to Dr. Allbutt by Dr. Crichton Browne. It is difficult to conceive that a more magnificent field than this for the study of cerebral diseases can be found. Every form of these diseases may be seen continually represented in this asylum, as there are always about 1200 cases under Dr. Browne's care. We may add that Dr. Browne has kindly permitted the Leeds students to avail themselves (under certain restrictions) of these great advantages.

Dr. Allbutt considers that symptomatic lesions of the eye are, in severe cerebral disease, the rule rather than the exception, and that no case of severe cerebral disease can be considered to be fully reported without notes of ophthalmic observations. In this he strongly supports the views some time held by Dr. Hughlings Jackson, who has published several papers on medical ophthalmoscopy in this journal and elsewhere. We are glad to learn that Dr. Allbutt proposes in a short time to lay formally before the profession certain conclusions at which he has arrived as to the value, in diagnosis and prognosis, of ophthalmoscopical signs. It would be difficult for us at present to give any clear account of his researches. Our earnest object is to beg physicians to follow Dr. Allbutt's example, and to work in the same profitable field. We may just allude, however, to Dr. Allbutt's studies of the state of the optic disks in general paralysis. His chief conclusions seem to be that atrophy of the optic nerves may be observed throughout the whole of its course, in *nearly every case of that disease*. Dr. Allbutt does not attach much diagnostic value to this, but he justly considers it to be of great pathological significance. We think it is an observation of extreme value, and consider that very great credit attaches to him for it. It is a discovery which will, we believe, be useful in throwing light on the minute changes of structure which cause the more characteristic symptoms of this disease. Dr. Allbutt is the first, in England, at least, to have made the observation alluded to. Dr. Westphal, of Berlin, has already published similar results, but Dr. Allbutt's conclusions have been arrived at quite independently.

Dr. Allbutt thinks it very important to us to be able to observe the process known as simple white atrophy from its very commencement. This condition is generally observed by the ophthalmic surgeon when loss of sight (a late and irregular symptom) has set in. The atrophic process is then almost over. The whole question of "optic neuritis" must, according to

this physician, be reconsidered. Mere stasis, with exudation, is too often called optic neuritis, and that name is denied to states which often precede the even-edged white atrophy.

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Refraction-Equivalent of Salts in Solution.—Every body has the power of bending a ray of transmitted light, and this power has been expressed by a number, which physicists term the "*refraction index*"—"*specific refractive energy*" is this refractive index, minus unity, and divided by the density of the body, whatever that may be. This number, when multiplied by the atomic weight of the substance, is termed its *refraction*-equivalent. Gladstone has had a superior apparatus constructed for him by Mr. Browning, and has communicated the results of his observations on the subject of refraction-equivalents at the late meetings of the British Association. He examined a series of salts in solution, in the hopes that it might afford data for determining the refraction-equivalents of all the metals, and of their substance, with which those metals will form soluble salts.

The following is the manner in which we arrive at the refraction-equivalent of a salt in solution. A weight of it, answering to its chemical equivalent, is dissolved in a certain number of equivalents of water. The refraction-equivalent of the whole solution will consist of the refraction-equivalent of the salt, plus so many times the refraction-equivalent of water, and as this number is known, we have only to subtract it from the whole, to obtain the refraction-equivalent desired. The metallic iodides gave refraction-equivalents ranging from 30.5 to 35.3. The metallic bromides ranged from 21.7 to 25 3. The metallic chlorides ranged from 15.1 to 18.6. The highest number in each instance was the potassium salt. It was at once evident that the dispersive equivalent of an iodide was at least double that of a bromide, and three times that of a chloride.

On comparing the salts of the same metal, this difference between the halogens was still better defined, the number for the iodide almost invariably exceeding that for the bromide by a little more than ten, and that for the chloride by a little more than sixteen, therefore the halogens exerted the same influence on the rays of light, with whatever metal it was combined, and that any metal, as calcium, was unchanged in its refraction-equivalent, whether it was united to chlorine, bromine, or iodine. This observation was subsequently extended to a totally different class of salts, the sulphates, which give numbers always about one less than those given by the chlorides.—*Med. Press and Circular*, Nov. 27, 1868.

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Spontaneous Generation.—At the meeting of the French Academy on the 7th, M. Donné, who for the last couple of years has been the strenuous advocate of spontaneous generation, recanted in favour of M. Pasteur's views. He has been led to this result by his last experiment in support of the doctrine of heterogeny. This experiment, like the many others he has from time to time described to the Academy, consisted in placing an egg under a receiver, then allowing water to enter the pores and replace the air, and finally in shaking together the yelk and the white, and allowing them to stand by for some time. Eggs exposed to these conditions for six months showed no traces of living beings even of the most "microscopic" dimensions.—*Med. Times and Gaz.*, Oct. 19, 1867.

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Biological Society.—The Parisian Society of Biology has elected M. Claude Bernard perpetual president, in place of the late Prof. Rayer.

In his inaugural address the newly elected president rendered a just tribute of praise to the memory of his predecessor, to whom the society owes its origin and its prosperity. Reflecting on the progress of medicine and physiology, the President made some general remarks which are worthy to be noted. "It could no longer be allowed," he said, "that there exists any complete divorce between physiology and the other natural sciences. The phenomena of life may admit of being studied in themselves, and with sufficient precision; but we must recognize that there is need to recur to the sciences of natural philosophy and chemistry in the investigation of vital phenomena. In like manner, there can exist no strict line of demarcation between physiology and pathology; still less can it be admitted that these sciences mutually exclude each other. In the history of life, the phenomena which both these sciences investigate

are in close connection, so that physiology may hourly lend most useful assistance to the study of pathology, while pathological effects do oftentimes throw considerable light on physiological researches." The president concluded by returning thanks for his election, and congratulating the society on the feature which distinguished it among the other learned societies of France—namely, an ardent spirit of inquiry into the phenomena of life by means of severe scientific experiment.

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The Negroes in Mexico.—In an interesting memoir on the life and services to science of that eminent statistician and anthropologist, Dr. Boudin, read by M. Perier at the Société d'Anthropologie, he states that the 450 negroes placed at the disposal of France by the Viceroy of Egypt, for service in Mexico, displayed remarkable powers of acclimatization, and made a very pleasant campaign compared with the other troops. They constantly inhabited Vera Cruz and in its vicinity, so fatal to Europeans; and during nearly four years (from July, 1863) they remained entirely refractory to yellow fever; and they bore up in a most marvellous manner against the fatigues of an excessive service, to which, under the local conditions, Mexicans, Turcos, or French, would have certainly succumbed. These men, for the most part, were from Darfur or Kordofan, and rigid Mussulmans. They were well disciplined, carefully attended, properly fed, and well paid.—*Med. Times and Gaz.*, Oct. 5, *from Recueil de Méd. Mil.*, Sept. 1867.

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Cinchona Cultivation at Darjealing is flourishing with great vigour. The gardens have no less than 1,064,758 plants, seedlings, and cuttings of various sizes.

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New Society in London.—A new society called "The Clinical Society of London," has recently been formed. Sir Thomas Watson has been elected President.

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New Works.—A new edition (the 8th) of the well known elaborate treatise on Therapeutics and Materia Medica by M. Trousseau and Pidoux, edited by Constatin Paul, in two large octavo volumes of nearly 1000 pages each, is announced. The first volume has been already published, and the second is promised in April next.

Too Many Journals.—It is quite possible to have too many journals. even of strictly scientific contents, to say nothing of journals which are not scientific either in name or spirit. In Germany, for instance, the multiplicity of scientific periodicals has actually become a hindrance to scientific progress. What with the Journal for this, and the Archives for that, with reports and proceedings of innumerable societies, with every little university having its own periodical, and every laboratory publishing its results in intermittent sheets, the study of the results of German biological research cannot be carried on without access to some great public library, or to some extensive private purse; and, when carried on, resembles the process popularly known as looking for a needle in a bottle of hay. Nor is this metaphor at all too strong. Hay is by no means too vehement a term to be applied to a great deal of German writing. Many of the journals are started simply for the purpose of having a journal; and the contents are written in order that the journal may appear at the proper time and place. The consequence is, that facts which might have been recorded in half a dozen pages, are spread out until they occupy as many sheets; and much that ought never to have been written at all is put forward in half a dozen publications at once, and remains for years an awkward stumbling-block and irritating offence to all honest workers and lovers of truth.—*Brit. Med. Journ.*, Jan. 4, 1868.

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Obituary Record.—Died, Dec. 13th, 1867, aged 72, Charles G. B. Danbury, M.D., F. R. S., Professor of Botany and curator of the Botanic Gardens at Oxford. Dr. D., was a voluminous writer on scientific subjects.

—— in Paris, Dec. 1867, after a long illness, Dr. Flourens, Member and Perpetual Secretary of the Academy of Sciences, Member of the Academy of Medicine, Professor in the Museum of Natural History and the College of France, in the 73d year of his age.

—— at Leeds, Dec. 31, 1867, aged 67, T. Pridgin Teale, F. R. C. S., F. R. S., Senior Surgeon to the Leeds Infirmary. Dr. T. was highly esteemed not only for his eminent surgical abilities, but also for his great personal worth

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HENRY C. LEA, Philadelphia.

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CLINICS.

CLINICAL LECTURES.

Clinical Lectures on a Case of Fronto-Temporal Neuralgia attended with Cerebral Disorder.—By C. HANDFIELD JONES, F. R. S, Physician to St. Mary's Hospital.

M. A. C., æt. 25 years, single, admitted October 8th, 1867 On admission, the chief feature of her condition was stupor or semi-coma. She could be induced, with some difficulty, to answer questions, but it was slowly and reluctantly, and not by any means always rationally or coherently. We understood from her mother (I believe) that about ten years ago she had a fall, and hurt her head, and since then at intervals she had had violent pains in her head, with sickness. During the last few days she had been delirious or wandering. Face pale, tongue coated; pulse 84, soft and weak; urine slightly acid, not albuminous; deposits phosphates when boiled, and lithates when treated with nitric acid. No spots on abdomen Pupils rather large, about equal. Left lower eyelid is congested; left temple seems rather swollen.

She was ordered two morphia-dressed blisters, one to the forehead, the other to the left temple, and extracti cannabis indicæ gr. ½ *ter die;* sherry 4 ounces.

I may introduce here the account of her previous history, which was kindly furnished me by Dr. Bastian, although I did not receive it till about the time of the patient's discharge from the hospital. "M. A. C. came to live with us eight months ago; was then very anæmic and delicate-looking, and continued so all the time. She had two attacks while in our service, in addition to the illness for which she entered the hospital. The first commenced soon after she

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came, and lasted nearly a week, the predominant symptoms being intense pain in the left frontal region, with loss of appetite, but no feverishness or impairment of mental faculties. The recovery was pretty sudden. About three months afterwards she had another attack, which was rather more severe, but quite of the same character. She seemed to get much relief on this occasion from potass. iodid. gr x doses, and after regaining her usual state of health she took perchloride of iron in a bitter infusion for some weeks. During all this time the catamenia had been regular. No headache was complained of to Dr. Bastian in the interval between this attack and the one for which she was admitted into the hospital, though her fellow-servants say that she did suffer from it at times. The third attack commenced on October 3d, in the usual way, with intense pain in the left frontal region, loss of appetite, cool skin, furred tongue, but rather quick pulse. Two days later her appetite became much worse, and she became slightly incoherent for the first time. Only some wine and beef-tea were taken on this and the following days. The bowels had been well opened by medicine, and I again gave her the iodide of potassium, with an occasional dose of morphia. The left eyelid about this time became red, and slightly swollen, and there was increased lachrymal secretion. The next day she was decidedly more incoherent and rambling in her answers to questions, though she seemed to suffer less from the pain. Both pupils were dilated, and almost insensible to light, and continued so.

"On October 7th she was in a dull, almost semi-comatose condition: made no particular complaint of pain, but was quite incoherent in conversation."

12th. Some slow but gradual improvement has taken place, Zinci valerianatis gr. ij + extr. cannabis indicæ gr. ½ in pil. *ter die*.

14th. Is very much better; looks brighter; eyes more lively. Says she cannot tell persons' names, though she knows them. At least this is what I understand her to say. Aspect tranquil. Broth diet.

16th. Doing well. Sherry 6 oz.

22d. Improves slowly. Her appetite is poor in spite of nitric acid, strychnia, and cascarilla. Says she has now no pain in head at all. Mistakes pronouns frequently; uses *he* for *she*, and *vice versa*.

26th. Is still very pale and feeble, mopy, and inapt for exertion. Ferri et quinæ citratis, gr. vij. + tr. nucis vomicæ, ♏ x, + aq., ℥j, *ter die*, omitt. pil.; pt. c. oleo morrh. (ordered eight or ten days before).

Nov. 4th. Is much better; lips of better colour; is more cheerful and rational in manner. Discharged.

The condition of this patient on admission could not be regarded without anxiety. Severe pain in the head, with a considerable amount of stupor and incoherence, recent vomiting, and a previous history of an injury to the head, with subsequent paroxysms of severe pain, were symptoms which could not but excite apprehension. The left frontal and temporal regions, which were the seat of the pain, were somewhat swollen, and the lids of the left eye redder than natural. I confess my first impression was that there existed some (possibly rheumatic) inflammation of the pericranium, bone, and dura mater, and that this was the cause of the pain and other symptoms. At this time I had not the assistance of the detailed report of her previous condition, which Dr. Bastian kindly furnished me with afterwards. On considering, however, that there was no unequivocal symptom of cerebral mischief, no paralysis of the limbs, inequality of the pupils, irregularity, or slowness of the pulse, no convulsion or fever, and observing the manifest anæmia, I thought it not improbable that the cerebral disorder was but an effect and an extension of the pain, regarding the latter as a neuralgia. In a previous case, I had seen violent pain in the forehead, of apparently rheumatic character, at first complicated with delirium, and subsequently completely absorbed in it (so to speak), when it became more intense. Severe retching was also present. The patient was a strong made man, quite temperate. He died in collapse, and at the autopsy the brain was found pale and shrunken, and the heart very flabby. Although wild delirium and stupor are very different symptoms in their outward show, there is no doubt in my mind that the state of brain giving rise to them is, at least, as far as our means of observation can inform us, very similar, and I am confident that could we have looked within the cranium of our living patient, we should have seen no hyperæmia, but the reverse. Taking thus this view, that the pain in the forehead was neuralgic, and that the brain was suffering sympathetically, the indication

was to lull pain or homologous disorder, and recreate nerve power. The progress to recovery was steady, but not rapid; her memory continued to be feeble, her mental actions slow and languid, and her general nervous energy considerably below par. Under the continued administration of tonics, she improved very decidedly, and before she was discharged, the nature of the disorder was beyond all doubt. It had, in fact, resolved itself into an ordinary case of anæmia and debility. The swelling of the left side of the forehead and temple, and the redness of the left lids, was no doubt dependent on paresis of the vaso-motor nerves of the arteries of these districts. This has been well recognized by Dr. Anstie, who has seen neuralgia of the face, in several instances, give rise to a condition much resembling erysipelas. Sir Thomas Watson also states in his lectures, that severe neuralgia will give rise "to a moderate degree of inflammation of the part; which become tender to the touch, manifestly vascular, and even swollen a little." It is important that you should remember the possibility of such hyperæmia being associated with neuralgia, as, otherwise, you might be led into the error of regarding the pain as dependent on inflammation. The dilatation and insensibility of the pupils, which Dr. Bastian observed, no doubt depended on the centres of the third pair being rendered paretic, just as the hemispheres were. This case may be instructively compared with those related by M. Notta, Marechal de Calvi, and d'Hurtebise, in which neuralgia of some of the branches of the fifth pair produced paralysis of the third or sixth nerves. Let me remind you, also, of a case of sciatica under my care last year, in which there was complete metor paralysis of the affected limb, and partial of the detrusor urinæ. In these instances the disorder of a sensory nerve and its centre, extended to and involved certain adjacent motor centres. In the patient whose case we are considering, the hemispheres succumbed, being probably of weaker constitution than in most persons.

I commend this history to your attentive consideration, for I am sure you will meet in future days with similar instances, and I think the views I have expounded to you of the pathology of these forms of nerve disorder, may prove of real service in enabling you to judge correctly, and treat satisfactorily, conditions that would otherwise be very embarrassing. In conclusion, I will put into the form of direct precept the points which I wish especially to emphasize.—1st. Do not be too ready to take refuge in the conclusion that there is "congestion and effusion" whenever you have to deal with cases of threatening head affections. Let the conception of paresis of nervous structure be quite as familiar to your minds as those of hyperæmia, or of structural lesion.

2d. Remark the tendency which disorder of a nerve has to extend to, and to involve nervous centres, even those of the highest order, as the intellectual. In the two first attacks the intellectual centres remained free, in the third they gave way. I believe that two things have influence in determining the situation of the secondary affection—viz., proximity and debility. The nearer centres are, *cæteris paribus*, most likely to suffer, but if they happen to be notably stronger than more remote ones, the latter give way. There is one case on record where diseased teeth gave rise to paraplegia.

3d. See in the quality of the brain disorder in our patient a manifest demonstration of the real nature of neuralgia. Her brain was evidently partially paralyzed, and her frontal and temporal nerves were, I cannot doubt, in a like condition.

4th. Remember that, as this case shows, mere neuralgia may lead to more serious disorder. It is bad enough to be tortured with pain, but any amount of cerebral disturbance is a much graver thing. To prevent such an evil it is surely well worth a patient's while to adopt a suitable mode of life, and to presevere in taking suitable medicines, and this you ought to be able to convince them of. A country life, and the use of citrate of iron and quinine, till all anæmia and neuralgia are fairly got rid of, must be advised to our patient.—*Med. Press and Circular*, Dec. 4, 1867.

HOSPITAL NOTES AND GLEANINGS.

Treatment of Ulcers of the Leg in the London Hospitals.—We could scarcely have chosen a more common surgical ailment than that which is the subject of the following notes. Comparison of the modes of treatment adopted for it by the authorities whose names are here collected cannot fail, we think, to be of much interest to the profession.

St. Bartholomew's Hospital.—Mr. Thomas Smith adopts the following classification as most convenient for clinical teaching and therapeutical purposes. He believes it to be of first importance to decide whether an ulcer be of syphilitic origin, or whether it be due to other causes, such as anæmia, insufficiency of food, debility, old age, eczema, varicose veins, hypostatic congestion, or local injury. The diagnosis of syphilitic ulcers he grounds on the antecedents of the patient; on the position of the ulcers, usually above the middle of the leg; their number, often more than one, or if one only is open, scars of former ulcers are usually to be found. The shape of the sore is taken into account—usually crescentic or circular, if syphilitic; the condition of the surface of the ulcer, which, unless healing, looks rotten, and generally contains a core formed of dead tissue; while the edges and environs of these ulcers are often stained a dirty tawny red.

As regards prognosis, Mr. Smith's experience is that in a general way syphilitic ulcers are the most amenable to treatment. That the depth of an ulcer (with moderate limits) more unfavourably influences the chance of recovery than its extent; that ulcers over the subcutaneous surface of the tibia are more difficult to cure than those situated over the fleshy parts of the leg; that those sores that are based on the periosteum are well-nigh incurable; and that ulcers involving the whole circumference of the limb are incurable in out-patient practice.

Treatment.—Iodide of potassium and bark internally, together with black wash or red precipitate ointment locally, seldom fail to cure syphilitic ulcers. Inflamed, irritable, or painful ulcers in feeble people are treated with bark or quinine, and by the application of morphia ointment or water-dressing to the sore. The same state of the ulcer in free livers is found to be benefited by the use of purges in addition to the above treatment. *Healing ulcers* are treated with water-dressing or simple cerate. For chronic or callous ulcers, the red precipitate is found to be a serviceable local application, while the constitutional remedies vary with the state and circumstances of the patient. The *cold* ulcer, as described by Mr. Paget, is treated by tonics, with opium locally and internally. *Varicose* ulcers are treated on general principles; the heroic but successful treatment by ligature of the veins is not carried out, on account of its unsuitability to out-patient practice. Bandages are employed in the treatment of all ulcers. Sloughing sores, which are now of rare occurrence, are at once admitted into the hospital.

Guy's Hospital.—Mr. Bryant has made the subject of ulcers of the leg one of the special topics of his clinical instruction, having had during the last few months[1] a series of cases under his care illustrating the chief forms of such an affection. He practically divides all ulcers into the cellular membranous and cutaneous sores: the former being invariably due to some general or constitutional cause; the latter, probably, to some local one. In the treatment of the cellular membranous sore, the remedies must be directed to the constitutional cause or cachexia which induced the disease, tonics being invariably required, and, when syphilis is the origin of the affection, combined with the iodide of potassium. The local treatment in these cases is of secondary importance, water-dressing being in the majority of cases all that is necessary. In the treatment of the simple cutaneous sore a variety of measures are sometimes required; for an inflamed ulcer, which requires soothing treatment, has to be treated differently from an indolent sore, which needs stimulating; a sloughing sore, from excess of action, requires an opposite treatment to a sloughing sore due to a want of power. All these cases have to be treated upon ordinary surgical principles; for Mr. Bryant is apt to teach that there is no better barometric test of a patient's condition than the appearance of a sore: a healthy sore rapidly becoming indolent on a decline of the patient's powers, or sloughing, or any extreme depressing cause making itself felt; whilst, on the other hand, a weak or indolent ulcer rapidly puts on a healthy aspect on any improvement in the powers of the patient taking place. When a simple sore is inflamed, therefore, the local and constitutional symptoms are usually treated by opium lotion, and opium internally, with or without tonics. When a sore is indolent it is stimulated with nitric-acid lotion, or the terchloride of carbon lotion; and, if connected with syphilis, black wash. When a sore is sloughing

[1] Mr. Bryant dividing his out-patient cases into classes of disease, and taking up every few months special classes of cases for clinical instruction.

from excess of action in the part, the constitutional irritability is allayed by opium, tonics, and stimulants; and when sloughing from excess of indolence in the sore, by local stimulating applications combined with tonics. When varicose veins coexist with the sore, bandaging the limb or strapping is, as a matter of routine, had recourse to, unless absolute rest can be maintained; and in all cases bandaging the limb is, as a rule, enforced. Any special treatment of ulcers Mr. Bryant looks upon as an impossibility, an ulcer, like an ordinary wound, requiring treatment adapted to the special cause or peculiarity.

Great Northern Hospital.—Mr. Gay, who has made the subject of ulcers of the leg, with their most commonly allied disorders, *varicosity* and *discoloration of the skin*, the theme of the late Lettsomian lectures, founds their treatment upon a classification differing materially from that of most writers, but least from that of Mr. Syme. His classification has a purely pathological basis, and recognizes three kinds of ulcer—namely, the *idiopathic*, the *venous*, and the *arterial*. His treatment is concurrently simple.

The first is the ulcer that, traumatic or not in its origin, depends for its persistence upon local but not abnormal peculiarities in the vascular system in that portion of the limb in which ulcers almost invariably form—namely, between the ankle joint and the calf.

An ulcer so situated, ever so simple, and in the healthiest individual, is very slow to heal on account of the inevitable tendency of the tissues involved to veno-capillary congestion and its consequences. But, beyond this, it is subject to modifications through the influence of the ever-varying conditions of the general health, as well as of constitutional taints, such as struma and syphilis.

Mr. Gay says that with this form of ulcer there are no morbid changes, essential to the existence of the ulcerative process, to be met with beyond the immediate sphere of its activity. Its typical form is the "broken shin."

The treatment is simple:—

1. *General.*—Rest, with the elevation of the foot above the level of the pelvis.

2. *Local and constitutional.*—When painful and inflamed, topical bleeding by leeches, or scarifications tolerably deep *across* the edges; warm water dressing; moderate purgation, and opium. If the ulcer has become chronic and the base thickened, Mr. Gay recommends a slightly stimulant lotion—*e. g.*, dilute nitric acid and opium; or blisters, with the cautious administration of iodine or mercury, if struma or syphilis appear to exert an influence on the sore. If there is general want of power, stimulants, tonics, and good nourishment.

There are ulcers of this class, however, which resist these methods of treatment—extensive superficial ulcers, with a subacutely inflamed base, and with clots of gummy, ichorous discharge adherent to its edges. Mr. Gay believes that this ulcer persists by the propagation of the ulcerative action from the decaying molecules to the new nucleated cells as they are evolved from the living tissues. Nothing short of the destruction of the surface will make such an ulcer granulate, and this is best accomplished by the solution of the pernitrate of mercury, once, twice, or thrice applied, at intervals of two or three days.

A large number of ulcers are associated with varicose veins. From numerous dissections, and for other reasons, Mr. Gay doubts the alleged etiological relation of these disorders. *Remotely*, the veins might have such a relation to the ulcer; but this, he thinks, is by no means clear. *Directly*, they certainly have none, and tying the veins is of no real advantage to them.

There is a more severe form of ulcer, often coincident with varicosity, and as often without it, but very constant with discoloration—"*bronzing*"—of the skin, which Mr. Gay has traced to *obstruction*, by clot principally, *either of the saphenous, or the deep venous trunks, most generally of the latter veins*. This is the "venous" ulcer.

Ulcers of this class are moderately deep, secrete abundantly, often bleed, and are situated either on a portion of indurated skin, or skin rendered boggy by veno-capillary dilatation,—the "tissu spongieux," or "caverneux" of the French writers. Such ulcers will heal by rest and elevation of the leg; but not permanently. Free elliptical incisions along either side of the ulcer constitute the only treatment that can secure for them permanent cicatrization.

The use of spiral bandages for the quasi "varicose ulcer" has been much extolled. Mr. Gay believes them to be useless, and

the principle upon which they have been recommended, a fallacy. They have been supposed to supply the place of valves that have become inert by disease. Mr. Gay avers, in the first place, that varicose veins, as a rule, are not endowed with valves; and, secondly, that in veins in which they exist, valves do not, as these bandages do, *interrupt* the current.

The "arterial" ulcer differs materially from the former kinds of ulcer. It is the large, deep, cold ulcer, which often, with intervening islets of diseased skin, occupies the whole of the leg, from just below the knee to the ankle. As it deepens, so it invades fasciæ, muscles, bones, and even the deeper vessels.

Mr. Gay has traced these ulcers invariably to disease affecting the coats of the deep arteries of the limb, especially the anterior and posterior tibial. They are positively incurable by any means yet adopted; and amputation, excepting under exceptional circumstances *of a favouring nature*, is a very hazardous proceeding. One of the worst specimens of such an ulcer is now under observation in the wards of the hospital.

King's College Hospital.—The most numerous class of cases among the poor, according to Mr. Wood, is that of varicose ulcer. Usually placed a few inches above the inner or outer malleolus, and accompanied by a brownish-red, dry discoloration, or an eczematous desquamation of the skin around, these ulcers are often obstinate and tardy in healing, and are usually the most frequent in recurring. In the more acute cases of this sort, and those attended by heat and pain, Mr. Wood finds that by far the most convenient, comfortable, and effective plan of treatment is by the acetate of lead and glycerine lotion placed on lint next to the sore, changed every night and morning, and surmounted by a wet bandage, carefully adjusted, and kept moist by being wetted from time to time during the day. This plan has the additional and valuable recommendation of necessitating the important adjunct of cleanliness of the part. If the pain be very great at night, five grains of the opium and soap pill are given every night, and the bowels are acted upon daily by a sulphate of magnesia purgative. When the heat and inflammation subside, which soon occurs under this treatment, the lunar caustic is applied twice a week to the edges of the sore, which is then strapped with soap plaster. Strapping, however, is found not to answer in cases attended with an irritable eczematous condition of skin, in which small and troublesome ulcers are apt to follow its use in other places chafed or galled by the strapping. In such cases the continuation of the lotion and wet bandage to the end of the treatment answers best, with the internal administration of an acid tonic and occasional warm aperients, and opium at night. In obstinate cases of this kind the administration of the solution of the arseniate of potash with quassia infusion, about half an hour after meals, seldom fail to produce a cure.

In sloughing and phagedenic ulcers, with congested edges, dark-red granulations, and sanious discharge, rest in the recumbent posture is indispensable in the treatment, with aperients, succeeded by tonics and opium, administered internally. The local application from the first in these cases, in Mr. Wood's practice, consists of a solution of carbolic acid in glycerine-and-water, of the strength of about 3 or 4 per cent. of the pure acid. This is applied on lint, and covered with oiled cotton or silk and a light bandage This has been found remarkably efficacious in cleansing the surface of indolent, ash-coloured, sloughing granulations, as well as in the more extensive sloughs, and in inducing healthy action and cicatrization.

In simply indolent ulcers the local application of the chloride or sulphate of zinc lotion, in the proportion of 2 to 3 grains to the ounce, is of the most use. If the edges of the sore are thick, indurated, and callous, the caustic chloride of zinc paste applied to the edges has been found to induce a more even and healthy cicatrization when the surrounding skin has not been too firmly bound down by induration.

In cases of irritable rupious, or serpiginous ulcer, with suspicion of a syphilitic taint, the fresh-made ointment of the red oxide of mercury is found, when it can be borne, the most speedily effective. It is usually combined with opium at bed-time, and, when other signs of syphilidæ are present, with the administration of iodide of potassium. If the pain be very great, and the above ointment cannot be borne, the fresh-made mercury ointment rubbed well up with the extract of belladonna, in the proportion of a drachm of the latter to

an ounce of the former, applied to the sore on lint, is usually effective in allaying the pain, and inducing healthy action.

In some cases, attended with but little discharge, strapping with soap-plaster over the lint spread with this ointment, and left on for two days, is found convenient and comfortable. In cases with inflammatory redness, however, a wet bandage so applied is better.

In weak ulcers, with pale flabby granulations, Mr. Wood uses locally an aqueous solution of the perchloride of iron in the proportion of 2 or 3 grains to the ounce, with the internal use of the tincture of the same preparation. Mr. Wood has employed, as a useful adjunct to the treatment in those troublesome cases of sores placed just above the tendo Achillis, continually stretched and irritated by tension in walking, a high-heeled shoe, or temporary pad placed under the heel, until cicatrization has fairly progressed. It must, however, not be continued too long, for fear of promoting permanent contraction.

St. Mary's Hospital.—Mr. Norton endeavours to simplify the treatment of chronic ulcers of the leg by dividing them into three classes—1st, inflammatory; 2d, non-inflammatory; 3d, those due to an existing local cause.

Under the first head, he considers those ulcers around which the integument is reddened, swollen, puffy, and tender to the touch, and which are invariably accompanied by constant pain, more or less severe, though the wound itself may be small, red, and dry, or, on the contrary, covered with large, red fungous granulations, or it may be even phagedenic in appearance. As a rule, there is but little suppuration in these cases. Moderate antiphlogistic remedies, coupled with anodynes, seem to be the most beneficial, such as the following pill, given twice a day for a time: Potassio-tartrate of antimony, one-sixth of a grain; powdered opium, one-third of a grain; mercury pill, two grains; confection of roses in sufficient quantity. But it must be remembered that even this small dose of mercury is capable of producing salivation. Attention is paid to the bowels, which should be frequently relieved by an ordinary rhubarb draught. Locally, the treatment adopted is emollient, as a warm poultice sprinkled with laudanum, and in a few days changed, if necessary, to a bread poultice saturated with a lotion composed of solution of diacetate of lead, five minims; tincture of opium, half a drachm; water, one ounce—applied at the natural temperature.

Under the second head, or non-inflammatory class, he places those ulcers which are accompanied by little or no pain, which have but little effect on the general health, and which, as a rule, have large anæmic or œdematous unhealthy granulations, covered by a thin puriform secretion, possessing no pretensions to the character of laudable pus. They may be surrounded by elevated tallowy edges; and the wound may be shallow or deep, and coated with a greenish, unorganizable lymph. These Mr. Norton treats with a lotion of carbolic acid (five grains to the ounce); but lately he has tried largely the treatment by exclusion of air, and for that purpose has applied pieces of tissue-paper, steeped in Dr. Richardson's styptic colloid, and accurately fitted to the ulcer; or a solution of mastic in spirit made into a paste, with trisnitrate of bismuth, and applied upon lint, kept in position by a strip of soap plaster, care being taken first to wash and thoroughly dry the wound. Each application has its merits, but the latter produces no smarting of the surface; on the contrary, by means of the anodyne properties of the bismuth, it subdues any nervous irritability. If no secretion remain upon the wound at the time of the application, the lymph effused from the granulations tends to become organized, and the process of healing is promoted.

Under the third head, Mr. Norton arranges those ulcers due to a persistent local cause, as varicose veins, or necrosis, the treatment of which depends mainly upon the removal of the exciting agent. The former are always accompanied by an enlargement of the superficial veins of the extremity, which, by obstructing the return of the blood, lessen the supply of nutriment to the part, and thus not only prevent the healing of an existing ulcer, but render the rest of the integument peculiarly prone to ulceration. The object here being to compress the superficial veins and regulate the circulation, Mr. Norton encircles the limb by strips of soap-plaster for some distance above and below the wound, and afterwards applies a bandage from the foot to the thigh.

Mr. Norton considers that total rest is

the most reliable remedy for all ulcers, but it is without this valuable agent that the surgeons of the out-patient departments have to deal with the disease. As a rule, also, he finds internal medicines of but little avail, with the exception of purgatives and anodynes; and, as regards local applications, prefers the milder remedies, as calamine ointment, or a weak solution of carbolic acid; the zinc and resin ointments, and the stronger lotions, being too stimulating, irritative, or drying.

If the ulcer be connected with syphilis, five grains of the iodide of potassium are given three times a day; and if, as is frequently the case, the ulcer be surrounded by an eczematous or a scaly eruption, a weak lotion of diacetate of lead and glycerine is applied, the latter keeping the epithelium in a moistened state, and so preventing the irritation which is produced by the dry scales.

University College Hospital.—Mr. Christopher Heath believes that an accurate diagnosis of each case of ulcerated leg is essential for its successful treatment, and that the hap-hazard plan of poulticing pursued by patients, and of applying the red nitric oxide of mercury ointment by chemists to every form of ulcer, is as absurd as it is common. Mr. Heath has long abandoned the use of ointments for lotions but finds it worse than useless to prescribe lotions unless the patient is *shown* how to apply them properly on lint covered with oil silk; if merely *told* how to do it, the lint is usually cut larger than the oil-silk, or the latter is put next the skin. The best practice is for the "dresser" to apply the dressing with water at the time, and the patient to use the lotion at the next dressing.

The commonest form of ulcer, particularly amongst married women, is the syphilitic. This fact is often not recognized, and ulcers are treated with ordinary stimulants for months unsuccessfully which heal in a few days under yellow wash (one grain of bichloride of mercury in one ounce of lime-water), and iodide of potassium internally. The ulcer is usually multiple, very irregular, and the skin around has a peculiar "worm-eaten" appearance. The ulcers commonly extend up the leg to the knee, and there may be thickening of the tibia. There is a yellowish-white surface to the sores, and a thin discharge exudes in considerable quantity. The scars of former ulcers are often apparent, and a history of frequent abortions is sufficient confirmation of the diagnosis, without going into more minute particulars. Mr. Heath has noticed that these ulcers are not so numerous at University College Hospital as at the Westminster Hospital, where the patients, as a rule, are of a lower order, but the proportion which they bear to other forms of ulcer is about the same at both institutions.

Ulceration about the foot is usually of this kind, and so also ulceration between the toes; and the only form these are liable to be confounded with, in Mr. Heath's experience, is that dependent upon scabies. Ulcer of the leg depending upon scabies is constantly confounded with ordinary ulceration, but requires specific treatment for its cure. The ulcers vary very much in size (this depending principally upon the time the disease has existed), and often have little to distinguish them from simple ulcer, unless attention is directed to the surrounding skin. Here evidence of scabies may be readily discovered, and probably also in other parts of the body; and nocturnal irritation will generally be found to exist. Mr. Heath never uses the sulphur ointment for any form of scabies; but, here as elsewhere, has had every reason to be satisfied with the sulphide of calcium lotion (sulphur and quicklime, of each one ounce, boiled in a pint of water), provided the affected part is well washed with hot water, and the lotion applied whilst it is warm and moist, and then allowed to dry on. Two or three applications of this kind remove the scabies, and the ulcers then heal readily with water dressing.

The eczematous ulcer is very commonly met with, the disease depending usually upon varicose veins. As the eczema has existed for many months before it was scratched and irritated into ulceration, it will be necessary to administer arsenic internally for its cure; and water dressing, with careful bandaging, may be applied to the leg. In obstinate cases of the kind, Mr. Heath has found weak iodine lotion (one drachm of the tincture to eight ounces of water), and in the later stage zinc ointment, very serviceable.

The ordinary varicose ulcer heals readily with a lotion of nitrate of silver (two grains to an ounce), and constant bandaging; but there is a form of irritable varicose ulcer

(usually of small size and near the ankle) which is very difficult to cure, and in the treatment of which opium internally, in the form of compound soap pill (five grains thrice daily), is very useful.

The indolent ulcer of long standing, with thickened margins and a callous surface, is not very common in Mr. Heath's practice; but when it occurs it is invariably and rapidly cured by strapping the ulcer, and the leg for a short distance above and below it. The strips of plaster should be dipped in *hot* water before they are applied, as they thus fit the part much better than if merely warmed; and no other dressing is to be put upon the ulcer itself. A bandage is applied over the plaster, which latter requires renewal twice a week.—*Lancet*, Jan. 11th, 1868.

DOMESTIC INTELLIGENCE.

University of Pennsylvania.—It appears from the catalogue now before us that the number of matriculants in the medical department during the session of 1867–8, was 408.

University of Pennsylvania—Auxiliary Faculty of Medicine.—The course of lectures by this Faculty will commence on the first Monday in April, and be continued three times a week during the months of April, May, and June All students who have matriculated in the medical department and have taken the tickets of two of the medical faculty, will have the right of admission to the lectures.

The faculty consists of Harrison Allen, M. D., Prof. Zoology and Comparative Anatomy; Horatio C. Wood, Jr., M D., Prof. Botany; F. V. Hayden, M. D., Prof. Mineralogy and Geology; Henry Hartshorne, M. D., Prof. Hygiene; John J. Reese, M. D., Prof. Medical Jurisprudence including Toxicology.

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Geneva Medical College —The annual commencement of this College was held on the 21st of January last, when the degree of M. D. was conferred on fifteen candidates.

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Alleghany County Medical Society.—At a meeting of this Society, held Jan 21st, 1868, in the Western University building, the following officers were elected for the year 1868, viz: Dr. A. M. Pollock, President; Dr. Wm. F. Knox, Vice-President; Dr. W. Snively, Corresponding Secretary; Dr. B. C. Jillson, Recording Secretary; Dr. E. Umbstaetter, Assistant Recording Secretary; and Dr. John Semple, Censor. Also eight delegates to the American Medical Association and sixteen to the State Medical Society. The Society is in a flourishing condition, and has seventy-nine *bona fide* members, and twenty-one members elect who have not yet signed the constitution.

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Pennsylvania Institution for the Instruction of the Blind.—We have before us the thirty-fifth annual report of this most useful institution. The number of blind persons in it at the present time is 183.

A strong appeal is made in the report in favour of the establishment of a subsidiary department which may afford remunerative employment to pupils after leaving the school.

This it is proposed shall embrace—"1 A manufactory. 2. Employment, at fair wages, of all who are able to board outside. 3 Employment of the blind at their own homes; materials for work furnished at cost, and their fabrics sold for them. 4. Board furnished at a low rate to females; also to a limited number of others unable to earn their own expenses." Such an industrial establishment could not be entirely self supporting; but with a little assistance, in addition to their earnings from work, many would be preserved from idleness and pauperism, and, as justly observed by the Principal in his report, "It would be difficult to found an institution for persons suffering a great privation in which so much good could be accomplished at so little expense."

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Philadelphia Summer School of Medicine.—The fourth session of this school will begin on the 1st of March, 1868, and continue until October.

Lectures and examinations will take place daily during April, May, June, and September.

Lectures and demonstrations of bandaging and dressing of fractures upon the manikin, and of surgical anatomy and operations upon the cadaver will be given by H. Lenox Hodge, M. D.

Lectures on percussion and auscultation in diseases of the lungs and heart with

clinical examination of patients by James H. Hutchinson, M. D.

The structure of the microscope and the manner of using it will be explained, and the microscopical appearance of the tissues and fluids in health and disease will be exhibited by Horace Williams, M. D.

Instruction in the microscopical and chemical examination of the urine will be given by James H. Hutchinson, M. D.

Lectures on materia medica, by R. Boling, M. D.

Lectures upon the anatomy, physiology and diseases of the eye, by Geo. C. Harlan, M D.

Clinical instruction will be afforded at the Pennsylvania, Episcopal and Children's Hospitals.

Class-rooms, 920 Chestnut St.

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Lectures on Obstetrics and on Diseases of Women.—We take pleasure in announcing that Dr. F. H. Getchell will deliver a course of lectures on Practical Obstetrics, at the Lecture room of the School of Anatomy, commencing April 2d, at 3 o'clock P. M. The plan of instruction combines clinical and didactic teaching.

He will also deliver a course of Lectures on Diseases of Women, at the Catherine Street Dispensary, commencing Friday, April 3d, at 11 o'clock A. M.

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Dr. Brown-Séquard. — This eminent physiologist, at present residing in Cambridge near Boston, Mass., was at the meet- of the Academy of Medicine of France, on the 23d of January last, elected a foreign correspondent of that learned body. He received 45 out of 49 votes.

FOREIGN INTELLIGENCE.

Pollution of Drinking Water as a Means of the Propagation of Cholera.—Dr. Letheby, in his recent report on the sanitary condition of London for the year 1866-7, gives an excellent and elaborate account of the last epidemic of cholera, and examines some of the theories which have been put forth to account for its propagation. As there are some grounds to apprehend that we may suffer from a visitation, in this country, of the epidemic during the coming summer, the following remarks by Dr. L., on one of the theories which has obtained many advocates, will be read with interest.

"The alleged pollution of the water rests upon a series of assumptions, many of which are in the highest degree improbable. It happened that two deaths from cholera occurred on the 27th of June, at Bromley, inmediately in the neighbourhood of the East London Water-works, though far removed from their source of supply; and it is assumed that the alvine discharges of the two sick persons were cast into the privy, and found their way, through the sewers, into the river Lea, where, by being diffused through a large volume of water, they passed upward against the current of the stream, and arrived opposite an open, but rarely used, reservoir of the water company; that they then soaked through a thick embankment, and so obtained access to the water of the uncovered reservoir; that on a certain day some of this water was admitted into the covered reservoir, from which the public supply was taken; and that it was thus distributed to the district supplied to the company. But if, for the sake of argument, it were admitted that all this did in reality happen, it would be a curious mathematical problem to determine what was the degree of final dilution after the alvine matters had entered the sewers, then the river Lea, then the open reservoir, and, lastly, the covered reservoir; for it is not supposed that the choleraic discharges were bodily conveyed to the covered reservoir, but that only a small portion of each of the successive dilutions became mixed with larger and larger volumes of water.[1]

"Apart, however, from the improbabilities of these assumptions, it is a fact that the water which is said to have been thus polluted did not produce its effects in the several districts to which it was distributed in anything like uniformity of time or force. Suppose, by way of illustration, that alcohol or arsenic had become mixed with the water, and that on a certain day it was distributed to the public, we should expect to find that the action of the poison was not only manifested at the same time over the whole district of supply, but that it was confined to that district. Not so, however, with the water in question, for although it is not alleged to have been more than once polluted, yet the first effects in the several districts

[1] I need not discuss another supposed source of pollution, the cholera cases at Theydon Bois, eleven miles from the works, for that hypothesis is abandoned.

occurred at long intervals; and there were many places to which it was distributed, where there was no sign of the disease; while others which did not receive the water were seriously affected.

"The dates of the outbreak of the disease in the districts supplied with the East London water were as follows: Bromley, June 27th; Poplar and Bethnal Green, June 30th; Shoreditch and Mile End, July 7th; Whitechapel, Stepney, and St. George's-in-the-East, July 14th; and the East London Union, July 28th. A month therefore elapsed between the first outbreak of the disease in the several districts. It is, moreover, remarkable that, while it was so violent in many of the districts of supply, it was absolutely powerless in others. The death rate, for example, of Bethnal Green was 63 per 10,000 of the population; Whitechapel, 78; Poplar, 85; and St. George's-in-the-East, 93; whereas the districts of Stamford Hill, Upper Clapton, Walthamstow, Woodford, Wanstead, Leytonstone, Buckhurst Hill, North Woolwich, and Silverton,[1] were absolutely untouched by the disease, notwithstanding that they received the same water, and at the same time.

"More remarkable still, there were places in the very heart of the cholera field, and others close adjoining it, where the residents received the same suspected water, and used it freely, without suffering in the least degree. In the Limehouse School, around which the cholera was frightfully fatal, there were 400 children who drank the same water as their neighbours, and yet there was not even a case of diarrhœa among them. In the London Hospital, which is also in the heart of the cholera field, for it is surrounded by the districts of Whitechapel, Bethnal Green, Mile End Old Town, and St. George's-in-the-East, there was an average resident population of 463 persons, and, although they drank freely of the unfiltered East London water, yet there was not a case of illness among them.[2]

"Again, in the eastern division of the city of London, which adjoins the cholera field, the suspected water was supplied to 161 houses, with a population of about 1732 persons, but except in one of these houses (20, Somerset-street), which is on the boundary of Whitechapel, there was not a single death from cholera[3] and to verify this, I have obtained the addresses of all the persons who died in the cholera ward in Bishopsgate-street. But, besides this, the disease was singularly fatal in places where the suspected water was never used. In Crown-court, Blue-anchor-yard, Whitechapel, where the water supply is from the New River, the mortality was at the rate of 284 per 10 000. In Boar's-head-yard, of the same district, which is also supplied by the New River, the death-rate was 193 per 10,000, and indeed there are eighteen courts in Whitechapel, where none of the East London water was used, and yet, out of an aggregate population of 4351 persons, there were 30 deaths from cholera, the mortality being at the rate of 69 per 10,000; that of the whole district being but 77.

"Another such an instance is the case of the City of London Union at Bromley. In the midst of the cholera districts it suffered in common with the whole neighborhood, for out of 765 persons it lost 27 from the disease, which is at the rate of 353 per 10,000. But during the whole of the time the residents used no other water than that from a deep artesian well, which, on being analyzed, was found to be good and wholesome.

"So that on carefully examining the facts in their relation to the water theory, we find—

"1. That there is no proof whatever of choleraic pollution of the water.

"2. That there was no coincidence of time in the appearance of the disease in the several districts supplied with the suspected water.

"3. That numerous districts receiving the same water, but situated at high level, or placed beyond the cholera field, were entirely exempt from the disease.

"4. That even in the very heart of the cholera field, there were places receiving and using the suspected water with impunity.

"5. That other places not supplied with the water, but situated within the infected area, suffered equally with the neighbourhood.

[1] Silverton was affected towards the end of the epidemic, when no water theory could account for it.

[2] 574 cases of cholera were treated in the Hospital, but they were all brought into it sick of the disease. A nurse who lived out of the Hospital died of the disease.

[3] There were two deaths in this house from cholera, but both were late in the season—viz., one in the first week of August, and the second in the third week.

"I am far from wishing it to be thought that choleraic matter diffused through water will not produce disease. There is abundant evidence to show that it is often a prolific source of it; but I am anxious in dealing with a question of so much public importance as the origin of the late epidemic, that none of the facts should be perverted, and that no hasty or ingenious hypothesis without solid foundation should take possession of the public mind. In the conduct of inquiries like this there should be a calm, a full, and a candid examination of the facts. We should endeavour to study the phenomena in a philosophical spirit, and apply to them the tests of sound induction; we should strive also to deduce from them such laws as will not only expose the nature of the malady, but will at the same time enable us to treat it successfully. Rash opinions, boldly asserted and tenaciously held, though they may force themselves on public attention, rarely lead to useful results; and while they have their hold on the popular mind they seriously hinder the progress of real knowledge."

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Atmospheric Germ Theory.—Prof. Bennett gave a lecture on the 17th January last on this subject. He reviewed the opinions of various observers who allege that the germs of animal and vegetable growths float in the air, and these depositing in fluids, give rise to the forms of life found therein. He stated the results of many experiments performed by himself, and exhibited infusions which had undergone various chemical manipulations; and described how the air, before being admitted to the flasks in which they were, had been treated. It had been passed through sulphuric acid, liquor potassæ, and a high temperature, and still in most of the flasks the appearance of growths were visible. He further alluded to the frequency with which a growth of one kind was found in an infusion contained in a deep glass, whilst a growth of another kind was found in the same infusion contained in a shallow plate on which the deep glass was placed—both being subjected to the influence of the same atmosphere by being covered with a bell-glass. He also described the progressive forms found in these infusions: first there were Bacillaria and vibrio, but before other animalcules were found these had broken up. He thought that alternate generations in the infusory animalcules was not improbable, and gave his views at some length as to the growth of the lower organisms from molecules. He was of opinion, from his experiments, that the development of these germs in infusions could be explained by reference to the temperature, the density, and the chemical nature, but seemed to give the chief importance to the first.—*Lancet*, Jan. 25th, 1868.

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Animalcules in Whooping-Cough.—The existence of minute organisms in various pathological secretions, or exhalations, is gradually being made out; and as such have also been found in normal secretions and excretions, it may be suspected that ere long the present pathological views respecting a variety of diseases will be wonderfully changed. Quite lately, M. Poulet mentioned, in the *Cosmos*, having found in the moisture of patients suffering from whooping-cough, infusoria belonging to the class Bacterium bacillus.—*Lancet*, Jan. 18, 1868.

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Acupressure.—In concluding a memoir on Acupressure in the *Wiener Medizin Wochenschrift*, Prof. Billroth of Vienna says that, so far as he can judge from his own experience, acupressure is destined to supersede the ligature in most cases; that it has certain marked advantages over the latter, especially in allowing the healing of large wounds by the first intention. He says further that, while he has not met with any instance in which an amputation-wound has so thoroughly healed by the first intention that not a drop of pus has escaped, cases of the kind have been related by men so trustworthy that it is impossible to doubt the possibility of their occurrence.—*British Medical Journal*, Jan. 25th, 1868.

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Cowpox.—The French Academy of Sciences has awarded a prize to M Chauveau, the well-known physiologist and veterinarian of Lyons, for an elaborate essay on cowpox. M. Chauveau has ascertained that when the vaccine lymph is injected into the veins of a heifer, the result is a general eruption of cowpox, which makes its appearance on the eighth day after the operation. In the horse the same experiment gives rise to the horsepox.

Innoculation of vaccine lymph under the skin or on a mucous membrane produces a

local pustule, which five days after the operation confers an immunity from the disease, and impedes all general eruptions. The fact has been proved by a very ingenious experiment. After inoculating a calf by the usual method, M. Chauveau cuts out the part, and allows the wound to heal. On the eighth day a general eruption takes place, showing that the vaccine lymph had really entered the blood, and produced a general disease; but that the presence of the local pustule prevented it from showing itself by an external manifestation.—*Med. Times and Gaz*, Jan. 25th, 1868.

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The Identity of the Body in the Atmosphere which Decomposes Iodide of Potassium with Ozone.—Dr. Andrews, of Belfast, the veteran worker on ozone, in a communication brought before the Royal Society, says: "It was assumed for many years, chiefly on the authority of Schönbein, that the body in the atmosphere which colours iodide of potassium paper is identical with ozone; but this identity has of late been called in question, and as the subject is one of considerable importance, I submitted it lately to a careful investigation. The only property of ozone, hitherto recognized as belonging to the body in the atmosphere, is that of setting free the iodine in iodide of potassium; but as other substances, such as nitric acid and chlorine, which may possibly exist in the atmosphere, have the same property, no certain conclusion could be drawn from this fact alone." To prove their identity, Dr. Andrews tried various plans all tending to establish his point, but the following is the most conclusive of these. The action of heat furnishes the most unequivocal proof of the identity of the body in the atmosphere with ozone. Dr. Andrews formerly showed that ozone, whether obtained by electrolysis or by the action of the electrical brush upon oxygen, is quickly destroyed at the temperature of 237° C. An apparatus was fitted up, by means of which a stream of atmospheric air could be heated to 260° C. in a globular glass vessel of the capacity of five litres. On leaving this vessel, the air was passed through a U-tube, one metre in length, whose sides were moistened internally with water, while the tube itself was cooled by being immersed in a vessel of cold water. On passing atmospheric air in a favourable state through this apparatus, at the rate of three litres per minute, the test-paper was distinctly tinged in two or three minutes, provided no heat was applied to the glass globe. But when the temperature of the air, as it passed through the globe, was maintained at 260° C., not the slightest action occurred upon the test-paper, however long the current continued to pass. Similar experiments with an artificial atmosphere of ozone, that is, with the air of a large chamber containing a small quantity of electrolytic ozone, gave precisely the same results. On the other hand, when small quantities of chlorine or nitric acid vapour, largely diluted with air, were drawn through the same apparatus, the test-paper was equally affected, whether the glass globe was heated or not.—*Med. Times and Gaz.*, Jan. 18, 1862.

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Sewage.—The following letter from Dr. Letheby was read at the late meeting of Medical Officers of Health: "With respect to the papers which are to be read to morrow evening, I regret that I shall not have the opportunity of hearing the discussion of them; for, undoubtedly, there is no more difficult or important question than the means of disposing of town sewage. In common with all who have had any large experience of this matter, I have long perceived that the present system of diluting the excreta of the human body with from twenty to forty gallons of water per head of the population is both wasteful and mischievous; for it not only destroys the value of such excreta for agricultural purposes, but it also creates a gigantic difficulty. At the present time the rivers of England are so polluted with sewage as to be a local nuisance as well as a national disgrace; and if it were not for the self-purifying power of water, especially when it is charged with not more than a twentieth part of its volume of sewage, and has a run of not less than ten miles in distance, the condition of our rivers would be such as to be a fruitful source of pythogenic diseases. Happily, however, under the circumstances just mentioned, the powers of disintegration, precipitation, oxidation, as well as those of animal and vegetable life, are, in most cases, sufficient to purify the water and render it fit for all purposes. Nevertheless, there can be no question that the undefecated sewage of towns should be kept out of our rivers, and the great problems of the present

day are—whether we shall collect the excreta of men and animals without admixture with water, and by some simple chemical process render them innocuous and, at the same time, fit for agricultural purposes, or whether we shall still go on diluting them with water, and then defecating the product by irrigation on suitable lands or by chemical treatment. No doubt there are generally some special local circumstances which will give a selective value to one of these methods of treatment, by rendering it more easy of application than the others. But I look hopefully to the time when the excreta will be so treated as never to exist in sewage, but be utilized in their undiluted condition. Whether the earth closet, as at present designed, will accomplish this, is very questionable, and I am not at all sanguine of its success, for the difficulties of its application in large towns are, in my opinion, insurmountable, and the use of earth in country districts hardly needs the complication of such an apparatus. I am, however, sure that we shall be doing a public service by considering the question in all its bearings, and carefully examining, without hastily judging, the value of every invention that relates to the subject."—*Med. Times and Gaz.*, Jan. 25th, 1868.

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Mortality in a Lying-in Hospital.—Dr. Priestley, in a clinical lecture on the closing of the Nightingale ward in King's Hospital, states some facts which demonstrate the impropriety of having obstetrical wards in general hospitals and indeed militate against the utility of lying-in hospitals generally.

He states that in the arrangement of the Nightingale ward "every precaution was taken to isolate it as much as possible from the other medical and surgical wards of the hospital, and thus to keep it free from the influences which might emanate from certain cases of disease which find their way into the wards of a general hospital. The Nightingale ward was, therefore, placed on the upper floor of the hospital, with a ward devoted to the diseases of women next to it, but with no other ward on the same floor.

"A convalescent ward was provided apart from the lying-in ward, and each patient had the very liberal allowance of 3200 cubic feet of breathing space. Indeed, so perfect were the arrangements of this ward, that they were repeatedly made the subject of commendation by many foreign obstetric physicians who from time to time visited it.

"They had a skilful resident midwife and a qualified resident obstetric assistant, and the patients received every attention and comfort that they could desire. He had seen no hospital which had so perfect a maternity department.

"Notwithstanding all these precautions—notwithstanding the perfection of the arrangements which had been made for the care of the lying-in women—the result had been so adverse to the patients admitted, that the ward was now closed. The closing of this ward was no sudden idea, but had gradually and progressively grown out of the painful recollections which were associated with the cases that had occurred in it.

"In cases where the forceps had to be used, or in cases where premature labour had to be induced, the results were more frequently untoward than favourable. These cases were generally followed by some form of puerperal fever or of blood-poisoning. Besides this there was a much larger proportion of deaths after natural delivery than is usual, and it was further noticed that the patient's chance of recovery was diminished if, from any reason, she came into the hospital a week or two before the time of labour, and it had constantly been insisted upon that in the case of a woman coming from the country, she should not be brought to the hospital until she was actually in labour.

"Attempts were made to discover the cause of this mortality, and, if possible, to prevent it. In the first place, it was impressed upon the obstetric assistant and the obstetric clerks that they should go as little as possible into the general wards of the hospital, and especially into such wards as were known to contain cases of fever or erysipelas, and that they should abstain altogether from going into the post-mortem theatre. Pupils who were dissenting were not to attend the lying-in ward. Disinfecting agents of every kind were freely used. These precautions were essential, because it is now well known that any particles of matter which may adhere to the fingers after the examination of foul sores, or cases of erysipelas, or any specific inflammation, or cases of scarlatina, are almost certain to

produce puerperal fever, or some other form of blood-poisoning, if introduced into a lying-in ward.

"After a conference with Professor Miller, pans of charcoal were placed in the wards, and vessels filled with carbolic acid water. In cases where the vaginal discharges were in the least offensive, frequent injections of carbolic acid and water or of Condy's fluid were employed. But all these means failed to check the mortality.

"Another attempt was made to reduce the mortality by transferring all the patients from the lying-in to the convalescent ward immediately after delivery, and, as there were two separate delivery rooms, these were used alternately for three weeks at a time, one being made use of as a lying-in ward, while the other was being thoroughly ventilated and disinfected. Whenever it happened that two or three bad cases occurred successively, the whole establishment was closed for two or three weeks, including the convalescent ward, and everything was changed or disinfected. The committee of the hospital had at all times shown its readiness to co-operate and carry out any suggestions he had made. In spite of all these precautions, the rate of mortality increased rather than diminished. The mortality for the last six years—indeed, for the whole time that the Nightingale ward had been opened—had reached the rate of 1 in 28.9 cases; this was a very high death-rate. But it must not be supposed that this high rate of mortality was peculiar to this hospital. Dr. Lefort states that, taking the statistics of lying-in hospitals generally, the death-rate is 1 in 29. Compare this with the rate of mortality amongst the out-patients attended by students at their own homes, and we find it to be only 1 in 212! It follows, as a natural deduction from these figures, that in all probability the lives of many of these patients would have been spared had they been delivered in their own homes."—*Med. Times and Gaz.*, Jan. 25th, 1868.

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St. Thomas.—The latest intelligence from St. Thomas states that the island was healthy, though the water in the harbour is reported to be in a foul state. The *Standard* gives the following information up to the 20th ult.: "The island was then healthy, but private advices state that the water in the harbour was more putrid than ever through the number of sunken vessels with provisions, etc., on board. The slightest movement among the shipping caused exhalation to become insufferable, and it was apprehended that before long some serious sickness would be the result."—*Lancet*, Jan. 18, 1868.

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Civilization of the Nineteenth Century.—When the rumours spread in Naples of the invasion of the epidemic, the people rushed *en masse* to the house of a poor fortune-teller named the Sibyl, and massacred her, cutting her body into small pieces. From *L'Italie* we learn that a similar occurrence took place at Frosineto. A certain family were thought to have been instrumental in spreading the disease, and the inhabitants determined to avenge their dead relatives. They went to the house at night, and brutally murdered no less than five persons. —*Med. Times and Gaz.*, Aug. 24, 1867.

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Faculty of Sciences of Paris.—The celebrated chemists Dumas and Ballard, have retired from the chemical chairs in this school, and are succeeded by MM. Pasteur and Sainte Claire Deville, who will fully maintain the reputation of the faculty.

—

Baron Larrey.—This worthy son of an illustrious father has just been elected one of the ten *Académiciens libres* of the Imperial Academy of Sciences in place of the late M. Civiale. The French medical press are unanimous in approving of this election as a fit reward for indefatigable industry, and the able manner in which the present Baron has upheld the lustre of a great name.

—

Obituary Record.—Died, on the 24th January, 1868, at his residence near Ambleside, in the 78th year of his age, John Davy, M. D., F.R.S., Inspector-General of Army Hospitals. Dr. D. was an eminent chemist, geologist, and physiologist, and is well known in this country by his numerous and valuable contributions to our science. He was a brother, and the biographer of Sir Humphry Davy.

—— January 23d, 1868, aged 80, M. Serres, Professor of Comparative Anatomy at the Garden of Plants, Member of the Academy of Sciences, and of the Academy of Medicine, etc. M. S. held a high rank both as a physician and *savant*, and was universally esteemed.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on the Treatment of the Habit of Opium-Eating. By ALEXANDER FLEMING, M. D., Senior Physician to the Queen's Hospital, Birmingham.

There is good reason to believe that opium-eating has, of late years, become very prevalent in England, more especially among the labouring classes; but, partly from the unwillingness to confess the habit, and partly from the circumstance that many take it within such limits, as not to involve serious evil to the health, the treatment does not frequently fall to the care of the medical man.

Much tact is often required to elicit a confession from those suffering under the thraldom of the vice; for, unless the habit have been of long continuance, and the moral sense so seriously enfeebled that all feeling of shame is lost, the patient will often persist in denying the fact, although the indications of it are unmistakable. But even in such cases, it is well to avoid undue harshness with the patient; and it should be carefully remembered, that in many instances the sufferers are more objects of pity than of blame. For, though some commence the practice to gratify the craving for a narcotic which they find it inconvenient to satisfy with wine or spirits, in not a few the habit has crept upon them almost unconsciously, during the medicinal use of opiates to soothe pain, to remove sleeplessness, or to arrest protracted bowel-complaint. The risk of this evil should therefore be carefully borne in mind, for life-long misery has often been caused by undue laxity in the prescribing of opiates. A very striking example of this fact came

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under my notice lately in the person of a lady who suffered severely from obstinate diarrhœa. To check this, nothing availed except full opiates, the use of which was absolutely required for three weeks. Under this treatment, the bowel-complaint was at length restrained, and the severe colicky spasms ceased, but the appetite continued feeble, the digestion imperfect, the patient complained of shooting pains in the belly, there were nausea and sickness, extreme restlessness, irritability, and desponding discontent, frequent and exhausting perspirations, and disordered micturition. So urgent were these symptoms that much anxiety was felt, lest some obscure but serious organic disease was progressing of which the diarrhœa had been merely an indication. I felt decidedly that the long continuance of the opium, in the patient's weakened state, was the cause of this unsatisfactory and perplexing state of things; but it required no little firmness, both with the patient and her friends, to convince them of this fact, and to induce her to abandon the only medicine which seemed to give relief. However, I insisted on the withdrawal of the opium; and, as soon as this was done, the state of the case became apparent. After a temporary but severe aggravation which confirmed my diagnosis, the unfavourable symptoms quickly subsided, and the patient was soon restored to her normal state of bodily and mental health.

It has been frequently asserted that the habitual use of opium does not undermine the constitution, or materially shorten the duration of life, and that it may be persisted in for a considerable time without any very manifest injury to the bodily health. When the dose taken is small, and the quantity not augmented, and especially when the drug is used medicinally for the alleviation of some painful form of chronic disease, such may be the case. I had some time ago a very interesting exemplification of this fact brought under my notice. A medical practitioner, aged 67, had taken opium for forty-seven years, to relieve severe nervous asthma. He had taken as much as one ounce of laudanum daily. He occasionally omitted it for months, and once he did so for a whole year. When I last saw him, he was taking from two to three drachms of laudanum daily. His practice included a large amount of midwifery, and involved great fatigue. He took his food well, and, with the exception of a slight tendency to constipation, all his functions were performed healthy. He was well satisfied that the opium had helped materially to subdue the asthma, and thus enabled him to sustain his laborious life. He could trace no injury whatever to this moderate use of it, under these circumstances. Such cases, however, are, to the best of my knowledge, quite exceptional, and we have only to follow the sad train of symptoms presented by the opium-eater, to feel that, as a rule, it not only renders life all but unendurable from mental suffering, but that it induces serious disorders of the assimilative and nervous systems. This is especially the case when alcoholic stimulants are added to the indulgence in opium.

It is, however, unnecessary to enter further into this question, upon which some difference of opinion exists, because my present purpose is strictly practical, viz., to direct your attention, first, to the train of symptoms, which indicate the vice, and, secondly, to the plan of treatment which I have found most efficacious in relieving the sufferings, and in rescuing the patient from the habit.

The earliest manifestations of the indulgence occur in the nervous symptoms presented between the doses, when the influence of the drug has passed away. The patient then suffers from extreme depression, he is restless, peevish, often shows much childish impatience and fretfulness, nothing satisfies him, or gives him pleasure, he exhibits a singular incapacity of fixing the attention, or of taking an interest in the ordinary affairs of life. This condition of misery continues until relieved by a fresh dose, when the mind recovers its tone, the nervous system is tranquillized, and the sufferer luxuriates in a sense of returning happiness and enjoyment.

Should this habit proceed unchecked, it causes, sooner or later, a serious disturbance of the bodily functions; gnawing pains about the stomach and belly are complained of, the appetite fails, the liver becomes inactive, the tongue furred, the mouth dry, the thirst is troublesome, occasionally there is nausea, micturition is disturbed, and the bowels are constipated. The mind of the patient, sooner or later, becomes involved, the memory and judgment are enfeebled, and, whatever power of self-restraint the sufferer may originally have possessed, there is now

little hope of his being able to exert it successfully to resist the indulgence.

The more advanced indications of the intemperate use of opium, such as complete anorexia, wasting, loss of strength, and imbecility of mind, are rarely witnessed in this country, as the quantity taken must be very considerable to produce these extreme results. Wonderful stories are told by travellers of the tolerance of opium among Eastern nations. Such cases rarely come under our notice here; they are, however, not altogether unknown. The clever and eccentric author, De Quincy, is said to have been in the habit of taking 320 grains of opium daily; and Coleridge, it is asserted, could take with impunity almost double that quantity. The case of a lady has come to my own knowledge, who for many years took morphia in large doses, sometimes to the almost incredible extent of one ounce daily. The amount and quality of the drug were determined by careful inquiry. The lady suffered in great severity from the symptoms already mentioned, and finally died of epilepsy, though still a young woman. In her case, epilepsy seemed to be the final result of the long-continued poisoning of the nervous system, just as that disease so often closes the history of chronic-lead poisoning.

In detailing to you the plan of treatment which I have found successful in cases of opium-eating, the *first* point to which I would direct your attention as being of the greatest importance is, that the *sudden* suspension of the habit is infinitely more efficient and easier to the patient, than the *gradual* diminution of the dose; *secondly*, that the administration of large doses of phosphoric acid and lupuline materially helps the system in overcoming the immediate effects of the suspension of the drug, and in checking the craving for a further supply; and *thirdly*, that the use of zinc, iron, and quinine, in large doses, assists powerfully at a later period to restore the impaired health and strength of the patient.

Before, however, commencing treatment I find it well to speak frankly to the patient to warn him earnestly of his danger, and kindly to encourage him to a great effort and the endurance of considerable suffering with a view to an ultimate cure, which, without such effort on his part, is hopeless; in fact, to call forth, as far as is possible, an exercise of moral courage, which is of the last importance in this disease. When the character is thoroughly weak and self-indulgent, a permanent cure can scarcely be expected.

I feel certain that the sudden and complete suspension of the drug is less trying both to the physical and moral powers, than a gradual diminution of the quantity; because, after every dose (however small) the same reaction takes place, the physical and mental craving remains the same, the temptations to an occasional increase are so many, and the trial is so protracted and exhausting, that very few have the courage to persevere.

We know well that many persons can summon courage to undergo, with a kind of desperate determination, severe suffering for a short time, who could not sustain a protracted struggle against a lesser evil. Then, again, the serious functional disturbance is an assistance, from the very prostration it causes, and from the necessary treatment and surveillance while it lasts. Further, having passed through the ordeal, the system recovers completely its healthy tone, the physical craving is entirely removed, and the delicious sense of returning health is most grateful. These circumstances, combined with the gratifying conviction that a degrading habit is conquered, prove an additional protection against the recurrence of the vice.

This plan of suddenly suspending the opium was most ably enforced by Dr. Christison in 1850; but, so far as I have been able to learn, he has found few followers. I am quite aware that, in bad cases, the severity of the patient's sufferings, and the unequivocal tokens of mental and bodily prostration which he exhibits, have an alarming aspect, and demand no little fortitude on our part to adhere to the plan of abstinence, and to resist the importunities of the patient himself and of those in attendance. It is impossible for me to say that, under all circumstances, there is no risk of danger; but I can state, without hesitation, that in my experience, which includes some very aggravated examples, I have never had cause to depart from the rule of treatment indicated.

Having, therefore, put a stop at once to the indulgence, you must be prepared for a great increase in the mental as well as the bodily suffering of the patient. He is a prey

to intense depression, he is sleepless, excessively irritable, full of alarms as to his condition, and will (unless he be a man of unusual strength of mind) pitifully implore you to allow him an opiate to relieve his distress, declaring, if refused, that his life is in danger. At the same time, he suffers much from pains in various parts of the body, but especially in the stomach and bowels; the pulse rises much in frequency—I have seen it as high as 120; the tongue is coated with white fur; there are unceasing thirst, and total loss of appetite; the bowels, which were formerly confined, are now much relaxed, and a state of diarrhœa is established; the skin softens, and finally, sweat pours from the surface.

In one of my patients, this occurred to such an extent, that his night-shirt and bed-linen had to be changed four times daily. Diaphoresis to this extent is, however, exceptional. At the same time there is marked diuresis, and frequent micturition. All the secreting organs, formerly dammed up, are now unloosed; thence one obvious reason of the unceasing thirst. In the severer cases of opium-eating, these symptoms may endure to a greater or less degree for nearly a week; but, in the milder forms, though the symptoms are similar, they last three or four days only. As they begin to subside, the tongue gradually cleans, the thirst diminishes, the appetite slowly returns, the diaphoresis, and diuresis disappear; the pulse resumes its normal frequency, and becomes stronger; natural sleep supervenes; the mind recovers its tone; there is a gradual restoration of the bodily and mental functions to their normal standard, and the patient becomes conscious of a grateful sense of returning health and peace of mind, such as he has not known since he became an opium-eater.

Having interdicted all use of opium, and taken the necessary precautions against the patient procuring it surreptitiously, I prescribe the following:—

℞.—Acidi phosphorici diluti ℥x; tincturæ lupulinæ (D.) ad ℥xxx.—M. Of this two drachms are to be taken every four hours, one hour before food, in a large wineglassful of water. This helps to sustain the patient, lessens the force of his suffering, and shortens its duration.

All the strong bitter tonics have more or less the same action; but the lupuline, in conjunction with the phosphoric acid, in the form indicated, has appeared to me to be decidedly the most efficient. The dose may be either increased or lessened according to circumstances. If the wakefulness be very protracted, and is evidently becoming a serious cause of weakness, I give at bed time the following draught:—

℞.—Tincturæ cannabis ♏xxx ad lx; spiritûs ætheris ℥j; aquæ sambuci ad ℥ss.—M. This is often followed by as happy a result as we obtain from opium itself in the very analogous condition of delirium tremens.

With regard to diet, the patient is directed to have at first milk and beef-tea alternately every four hours, and gradually, as the appetite improves, chicken, chops, etc., until the stomach can accept the ordinary diet. I also allow Carrara water, or toast and water at pleasure. If there be very manifest signs of faintness, a little port wine or brandy should be given every four hours, one hour before the medicine; but, in ordinary cases, there is no need whatever for alcoholic stimulants, and their use is injurious, by keeping up irritation of the stomach, and delaying the recovery of the normal appetite.

The surface of the body should be frequently sponged with water, to which a little nitro-muriatic acid has been added; and the clothing changed, so as to keep the surface dry.

When convalescence is established the tonic regimen is strictly enforced—abundance of good food, pure air, and a daily sponge or shower-bath; cheerful exercise of both body and mind, and congenial society. This latter is very essential, for opium-eating is eminently a vice deepened by solitude.

As blood-tonics, zinc and iron render valuable service. They must be continued for at least a month, and may be given on alternate days.

℞.—Zinci valerianatis gr. ij; quiniæ sulphatis gr. j; extracti lupuli q. s.—M. Fiat. pilula. One, morning and evening, every second day.

℞.—Syrupi ferri phosphatis ℥xiv; acidi phosphorici diluti ad ℥xx.—M. Fiat mistura. One drachm in a wineglassful of water, immediately after dinner and supper every second day.

The pills and the mixture should be taken on alternate days. I have the conviction that, when they are given thus, more

advantage is obtained than by giving first the zinc and then the iron for a fortnight continuously.

I will now give you the details of two cases, selected from amongst others, in illustration of the plan of treatment we have been considering.

Some time ago, a gentleman, aged about 34, applied to me for advice under the following circumstances. He had long suffered from both gout and syphilis. Some years before I saw him, the pericranium at the top of the head had been the seat of much pain, often intensified in severe paroxysms. To relieve his sufferings, he had long relied on opium. He acknowledged to having taken at one time, daily, twenty grains of morphia at a dose, usually in combination with a like quantity of extract of hyoscyamus. This dose often occasioned complete speechlessness, dim sight, and loss of power in the upper extremities, with inability to retain his urine, which dribbled from him. These symptoms would continue for about three hours, and gradually subside. It is a remarkable fact, which I am inclined to attribute to the hyoscyamus, that, notwithstanding this practice, the appetite at that time continued unimpaired. He had repeatedly striven to overcome the habit, with partial success; but the intensity of the pain in the head made the effort very difficult. When he placed himself under my care, he was taking one ounce of laudanum daily, and a large amount of brandy, in two separate morning and evening doses. His appetite was then very poor; nausea and vomiting were readily excited. The bowels were open twice daily; the stools were healthy. He had lost weight considerably during the last year, and he looked haggard and worn. In the intervals between the doses, and after the exhilarating effects had subsided, he suffered painfully from physical depression, and from an indescribable feeling of misery, restlessness, and irritability. I suspended the opium and stimulants at once; and, considering the patient's condition at the time, I must confess that the case gave me considerable anxiety. He became very weak; the circulation was enfeebled; there was frequent nausea and bilious vomiting; the tongue was coated with a white fur; the bowels were much relaxed, the stools in the first place being black and very offensive, but subsequently resuming their normal colour. There were severe griping in the belly, and pains and cramps of the legs. The urine, which was alkaline, was passed frequently and in large quantities. The skin softened, and the perspiration literally poured in streams from the surface. There was a good deal of tremor and restlessnesss, and at times he was delirious. The general plan of treatment which I have to-day indicated was pursued, with such modifications as the constitutional symptoms of the patient demanded, and with the most favourable result. On the fifth day, the sufferings began to subside; the tongue cleaned; the tremor and restlessness abated; healthy sleep returned; the pains subsided; the bowels became quieter; and the appetite improved. As convalescence progressed, the tonic regimen in all its details was enforced, embracing country air, freedom from anxiety, good food, and, in the way of medicine, iron, zinc, and strychnia The patient's general health became much improved; and I have every reason to believe, that, at all events for several years, he continued free from the vice of opium-eating.

In 1864, a lady solicited my advice, stating that she wished to be released from the habit of opium-eating, which she had commenced to obtain relief from uterine pain, of which she complained. She was not a person of much resolution, and what little moral courage she may have possessed had been weakened by continued anxiety. She had repeatedly tried to wean herself of the habit by a gradual diminution of the dose, but without success. Soon after I had commenced the treatment by stopping the use of the narcotic, she was in great distress, and implored me earnestly to allow her a small quantity to relieve her suffering. She had a sharp febrile attack, quick pulse, tongue furred, thirst, anorexia, and much sweating and purging. On the fourth day, these symptoms began to abate; and the tongue, appetite, and bowels recovered their healthy condition. On the restoration of a normal state of health, the craving for the narcotic had ceased. I give you the details of this case as an illustration of the fact I have before stated, that to some persons a gradual weaning from the habit is almost impossible, the moral strength being too weak to resist the ever present temptation to indulgence.—*Brit Med Journ.*, Feb. 15, 1868.

HOSPITAL NOTES AND GLEANINGS.

Treatment of Morning Sickness at the London Hospitals —Morning sickness is so common as to be usually almost disregarded, but occasionally it becomes a source of great discomfort or even danger to the pregnant woman. The phenomenon, sometimes termed "sympathetic," would frequently appear to depend upon reflex secretion by the stomach of a large quantity of unduly acid gastric juice. The source of centripetal irritation being one which, in the ordinary course of things, we cannot remove or influence, it might naturally be expected that most benefit would be derivable from remedies which diminish the reflex faculty of the central nervous system; and it will be noticed that, in the experience of the authorities whom we quote, sedative remedies are those which apparently met with most approval. Of all drugs, belladonna probably possesses the most power in diminishing reflex excitability. It might perhaps be well to try, in very troublesome cases, the subcutaneous injection of atropine in exceedingly minute doses.

St Bartholomew's Hospital.—Dr. GREENHALGH states that vomiting during pregnancy may arise from a great variety of causes, but there is one form which comparatively few women escape, characterized by its early morning recurrence; the appetite being unimpaired; attended with little or no pain; in which glairy mucus, sometimes tinged with bile, is ejected, after much retching, and in which there are no evidences of disorder of the digestive functions. This form occurs more frequently and severely in those of a nervous or hysterical temperament; in those who have suffered from dysmenorrhœa and other uterine ailments; in those in whom the mammary sympathies are well marked; in primiparæ; in twin gestation; and more frequently amongst the rich than the poor, owing probably to the more highly attuned state of the nervous system, and less active occupation of mind in the former. It usually commences about the sixth week, and terminates before the commencement of the fourth month (sympathetic); and it may again recur or commence near the end of pregnancy, owing to pressure of the uterus against the stomach (mechanical). It rarely occasions much inconvenience, but in some cases it is extremely severe, and, in exceptional cases, threatens and has led to the destruction of life; in which latter cases nearly and even the whole of the ingesta are vomited, giving rise to great emaciation, debility, and eventually to exhaustion. In the great majority of cases the opinion of the physician is not sought, but where the symptom is sufficiently severe and distressing to demand treatment, it is of the utmost importance that a correct diagnosis as to its cause be made. Much of the ill success is due to the empirical way in which this symptom is treated, and many failures are doubtless attributable to neglect on the part of the patient, who, under the impression that it is a necessary part of the pregnant state, and must consequently be borne, does not apply for relief until the stomach has become so irritable as to resist the best assorted means. In four very severe cases, threatening life, which have come under Dr. Greenhalgh's care, two were due to highly congestive and irritable conditions of the uterus, one to retroversion, and one to dropsy of the amnion and twin gestation.

The plan of treatment which Dr. Greenhalgh has found most successful consists of rest in the semi-recumbent position, especially after meals, which should consist of bland, nutritious, and unstimulating food, frequently administered, and in small quantities. The patient should take a little coffee about a quarter of an hour before rising, and should guard against long fasts. Great attention must be paid to the state of the bowels. In some cases a slight bandage round the lower ribs, and under this a strong sedative application over the epigastrium, appear to have done good. Effervescents, with hydrocyanic acid, belladonna, or nux vomica, ice, and in some cases lemon-juice, have proved useful. Bismuth and charcoal, where there have been large secretions of acrid mucus, accompanied with flatulent eructations, have appeared serviceable. But of all remedies Dr. Greenhalgh places most reliance upon the introduction into the vagina of morphia suppositories, more especially in severe cases, and when an irritable condition, with or without abrasion of the cervix uteri, is found to exist. In such cases he believes little or no reliance can be placed upon remedies taken by the mouth, which he has found rather to aggravate than relieve the vomiting. In the four cases especially alluded to, the first two were immediately

relieved, and ultimately cured, by the suppositories; in the third the sickness abated shortly after the replacement of the uterus; whilst in the fourth, artificial premature labour at seven and a half months was successfully had recourse to. Dr. Greenhalgh recommends from one and a half to two grains of morphia as the usual strength of the suppository; but in cases where there is abrasion, with little secretion, care should be taken against an overdose. Dr. Greenhalgh states that he has seen some remarkable cases illustrating the influence of the mind on the vomiting of pregnancy. A lady, reduced to the most alarming state of prostration by this symptom, was suddenly informed that her favourite child was dangerously ill with scarlatina. She at once, and against the most urgent remonstrances, left her bed; the sickness ceased, and she tended her child unremittingly night and day for many days without even one recurrence of the vomiting. Some years ago he attended a milliner who suffered most severely from vomiting. She was pregnant, and for the first time, and with twins. No matter how severely she might be suffering, if summoned to see a customer, the vomiting immediately ceased, and did not recur on that day.

University College Hospital.—The "morning sickness" of pregnancy, when limited to the morning or early part of the day, rarely calls for energetic or complicated medication. Under such circumstances Dr. Graily Hewitt generally finds benefit derivable from giving the patient some nourishing article of diet, such as a teacupful of beef-tea, a small sandwich of meat, a cup of milk, &c., before raising the head from the pillow. The change of posture from the recumbent to the upright position appears to excite the attack when the stomach is empty, but not so much so when the attention of the organ is, so to speak, otherwise occupied. The patient should remain a few minutes or longer in bed after this early meal before attempting to rise. That the sickness will occur in spite of this in some cases is undeniable; but in very many instances Dr. Graily Hewitt finds notable relief given by the simple treatment just mentioned.

King's County Hospital.—Dr. Playfair is not in the habit of treating cases of "morning sickness" much, unless it is unusually severe, beyond carefully regulating the diet, and removing any obvious source of irritation to be met with in the primæ viæ themselves. He is of opinion that there is much truth in the old belief, that pregnancies without morning sickness are not, as a rule, favourable. He has so frequently noticed that when sickness is entirely absent other and more distressing reflex phenomena, such as syncope, exist to an unusual degree, that he is disposed to look upon the entire absence of nausea as unfavourable. When morning sickness is excessive he has frequently verified the opinion of Dr. Clay and others, that there is some morbid condition of the uterus itself, and has found local treatment, such as the occasional application of leeches to the vulva, or of iodine paint to erosions of the cervix uteri, to be of great service. With regard to actual medicines he is disposed to place most reliance on the oxalate of cerium, in doses of two grains three times a day. Next to this, effervescing draughts, with hydrocyanic acid, ice for suction *ad libitum*, and the subcutaneous injection of morphia, seem to have answered best. The pyroxylic spirit, strongly recommended in a late volume of the "Obstetrical Transactions," has not been found to answer so well as was expected.

Dr. Playfair has not met with any of those aggravated cases in which the patient has been reduced to death's door from the exhaustion of constant vomiting. But in the event of the induction of labour being considered necessary for the safety of the patient, he would urge the performance of the operation before things had gone so far as to render recovery almost hopeless. He believes that failure of the operation in such instances may generally be traced to excessive delay.

British Lying-in Hospital.—The vomiting of pregnancy, purely resulting from sympathetic irritation, and not due to ulceration or some morbid condition of the uterus during gestation, has been treated by Dr. Murray in the following way.

In the sickness occurring in the morning and even before rising from bed, one teaspoonful of sal volatile in water has proved useful. When nausea occurs several times during the day, he recommends the use of sinapisms to the epigastric region, with a pill containing the oxalate of cerium and camphor, to be taken twice or thrice daily. In one or two cases he has found the morn-

ing nausea and vomiting stayed by getting the patient to eat either a biscuit or sandwich some time during the night, or very early in the morning. Salicine is a drug which he has used with success. Opium and ice are other agents of much value in certain cases. In the cardialgia of pregnancy great attention must be paid to the diet, which should be light and nutritious, and a small quantity of food taken at a time, and at short intervals. He recommends lime-water, in preference to soda-water, to be taken with almost every drink; and has found nitro-muriatic acid, with some bitter infusion, very useful.

Hospital for Women, Soho Square.—Dr. Meadows has found the greatest success from medicines which exercise a decidedly sedative action upon the nerves of the stomach. Regarding the sickness of pregnancy as a purely reflex effect of uterine irritation upon the pneumogastric nerves and solar plexus, Dr. Meadows places most reliance on drugs which diminish the sensibility of those nerves in their peripheral distribution. The tincture of aconite in five to ten minim doses, the tincture of belladonna in ten-minim doses, the liquid extract of opium in five-minim doses, or the dilute hydrocyanic acid in five-minim doses: one or other of these is the remedy which he most commonly and most successfully prescribes. He has also observed marked effects from the oxalate of cerium, or the citrate of bismuth, in five-grain doses. In very intractable cases he has sometimes tried with good effect a small blister, about the size of a florin, over the epigastric region, the blistered surface being afterwards dressed with some diluted savin ointment containing one grain of morphia in a drachm.—*Loncet*, Feb. 22, 1868.

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Injury to Head; Suppurotion within and about the Injured Part of Cranium, extending to the Longitudinal Sinus; Meningitis. with Aphasia; Pyæmia, with Abscess of Liver.—The *Lancet* of Feb. 15th contains the details of a case of this kind which is in several ways worthy of attention. It is of clinical interest as showing what terrible results may be brought about by what at first appeared to be only trivial injuries to the head; and of pathological interest as an example of pyæmic suppuration of the liver under conditions which exclude the possibility of conveyance of poisonous clots from the original seat of disease; and finally, it is of physiological interest as an example of aphasia, with disease of the third left frontal convolution. The following is an abbreviated report of the case:—

Peter F—, æt. 10, a pale delicate-looking boy, was brought to the Guy's Hospital on the evening of Dec. 27, 1867, suffering from injuries sustained in a fall down several steps at the entrance of Victoria Theatre. He pitched upon his head and left shoulder, and was at first stunned; but he soon recovered, and when brought to Guy's Hospital, was perfectly sensible, quite able to walk, and spoke boldly of his accident. On the left side of his head a triangular flap of skin and aponeurosis, about two inches and a half long on each side, was torn from the bone, which was also to some extent denuded of periosteum. No bleeding of importance had occurred; no fracture of the vault could be detected; and there was no bleeding from the ear. The parts were brought into position by five sutures and a pad of lint bandaged over the wound. There was besides a fracture of the clavicle. The friends received strict injunctions to bring him to the hospital on the following day; but they neglected to do so until four days after the accident, during which time the dressings remained untouched. When again seen adhesion was found to have taken place in some parts; but beneath the scalp was a large quantity of pus and the left ear and left side of face were much swollen and distorted. He was immediately taken into the hospital. The pus was evacuated and a poultice was kept constantly upon the wound, and a bandage applied below to prevent any bagging of pus. The wound discharged pus profusely.

Jan. 15. Appears to be more feeble and complains of pain in his head. 2 P.M. It was noticed he was trying to speak, but was unable. In the evening the right side of his face was found to be paralyzed. The tongue, when protruded, was turned to the right side. The boy was quite conscious, but unable to speak.

16*th*. There appears to be great difficulty in swallowing. It being found that the pus had bagged slightly over the left mastoid process, it was punctured. 5 P.M. He rolls about in bed, and cries. When asked if in pain, he put his hand upon his throat. Pulse 104; respiration 24. Cries and turns his head when asked to drink.

17*th*. Insensible; face flushed; pulse 88; respiration 32. Groans when touched. Died at 3 P. M.

Post-mortem examination.—Under the scalp there was suppuration to the extent of several inches around the original wound. Behind the parietal eminence the pericranium was separated from the bone over a space as great as the palm of a hand, and here the bone was greenish-yellow in colour. On the inside lymph or semi-consistent pus separates the bone from the dura mater under the part which was greenish. This portion of bone appeared to be dead and charged with pus. On raising the dura mater a quantity of semi-puriform lymph was seen on the left side of the brain in the arachnoid space—on the upper and lateral part of the hemisphere. At the part covered by it the subarachnoid space contained lymph; and the inflammation extended at these points under the membranes, so as to implicate the gray matter of the brain. These points were: (1) the upper part of the transverse frontal convolution, (2) the outer edge of the orbital convolution, and (3) the third frontal convolution, at a point on the outer margin of the fissure of Sylvius, near the lower end of the transverse frontal convolution. The latter point was most severely affected, a part two thirds of an inch square being in a state of advanced red softening—in fact, broken down. The intense meningeal inflammation reached to the longitudinal sinus; this, in its anterior two-thirds, had its wall thickened; its anterior third contained partially decolorized ante-mortem clot; its middle third contained pus (determined by the microscope). The posterior third of the longitudinal sinus was free from disease; a very thin film confined the pus in the middle third. For the rest, the brain was unaffected, except that in the right hippocampus minor there was the evident commencement of a pyæmic abscess. The contents of the chest were free from disease, except that the lower lobe of the right lung had a hedgenut-sized patch—the first stage of a pyæmic abscess. The liver, in the hinder part of its right lobe, had several small abscesses and one larger one; the latter opened into a branch of the hepatic vein, and this branch was full of pus for an inch and a half up to its junction with the main right hepatic vein, into which the pus projected and was separated from the blood by a most delicate film of fibrin. In the small intestine, a large T. medrocanellata and an Ascaris lumbricoides were found. The repair of the fractured clavicle was progressing naturally.

DOMESTIC INTELLIGENCE.

Army Medical Board.—Dr. Jos. K. Barnes, the Surgeon Gen. U. S. A., announces in a circular that an Army Medical Board, to consist of Surgeon J. B. Brown, Brevet Brig. Gen. U. S. A., Surgeon H. R. Wirtz, Brevet Lieut.-Col. U. S. A., Surgeon John Moore, Brevet Col. U. S. A., and Assistant Surgeon A. A. Woodhull, Brevet Lieut. Col. U. S. A., will meet in New York City, on the 1st of May next, for the examination of Assistant Surgeons U. S. Army, for promotion, and of candidates for admission into the Medical Staff of the U. S. Army.

Applicants must be between 21 and 30 years of age, physically sound, and graduates of a regular medical college.

Applications for permission to appear before the Board should be addressed to the Surgeon General U. S. Army, and must state the full name, residence, and date and place of birth of the candidate.

Testimonials as to character and qualifications must be furnished. If the applicant has been in the medical service of the Army during the late war, the fact should be stated, together with his former rank, and date and place of service, and testimonials from officers with whom he has served should also be forwarded.

No allowance is made for the expenses of persons undergoing examinations, as it is an indispensable prerequisite to appointment.

The number of vacancies now existing in the Medical Corps of the Army is thirty-nine.

By act of Congress, approved June 30th, 1834, "no person shall recieve the appointment of Assistant Surgeon in the Army of the United States, unless he shall have been examined and approved by an Army Medical Board, to consist of not less than three Surgeons or Assistant Surgeons, who shall be designated for that purpose by the Secretary of War; and no person shall receive the appointment of Surgeon in the Army of the United States, unless he shall have served at least five years as an Assistant Surgeon, and unless, also, he shall have

been examined by an Army Medical Board constituted as aforesaid."

The following will be the plan of examination:—

"1. A short essay, either autobiographical or upon some professional subject—to be indicated by the Board.

"2. Physical examination. This will be rigid, and each candidate will be required to certify '*that he labors under no mental or physical infirmity, nor disability of any kind, which can in any way interfere with the most efficient discharge of his duties in any climate.*'

"3. Examination as to general aptitude and education.

"4. Written examination on anatomy, physiology, hygiene, surgery and practice of medicine.

"5. Oral examination on each of the above mentioned subjects, and also on obstetrics, general pathology, chemistry, toxicology, medical jurisprudence and materia medica.

"6. Clinical examination, medical and surgical, at a hospital.

"7. Performance of surgical operations on the cadaver.

"The Board will deviate from this general plan whenever necessary, in such manner as they deem best to secure the interest of the service.

"The Board will report the merits of the candidates in the several branches of the examination, and their relative merits in the whole, according to which, if vacancies exist within two years thereafter, *the approved* candidates will receive appointments and take rank in the Medical Corps.

"An applicant failing at one examination, may be allowed a second after one year, but not a third.

"No allowance will be made for the expenses of persons undergoing examination, as this is an indispensable prerequisite of appointment, but those who are approved and receive appointments, will be entitled to transportation on their obeying their first order.

"If the result of the examination of a candidate be satisfactory, he will be offered a contract for duty as Acting Assistant Surgeon until such time as he can be appointed or commissioned as Assistant Surgeon."

The pay and emoluments of assistant surgeons and surgeons, including pay and rations and wages allowed for servants, is, in the aggregate, per month as follows:—

Assist. Surg. under 3 years' service	$120 30
" " over 3 " "	137.50
" " " 10 " "	173.50
Surgeons under 10 years' service	179.00
" over 10 " "	215 00

In addition surgeons and assistant surgeons are allowed an additional ration per day after the termination of every five years' service.

Quarters and fuel, or commutation therefor, are also furnished to medical officers.

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Naval Medical Board.—A Naval Medical Board is in session at the Naval Asylum in this city for examination of candidates for admission into the medical staff of the navy as assistant surgeons.

The board consists of surgeons W. S. W. Ruschenberger, President; L. B. Hunter, W. Grier, and T. J. Turner, Recorder.

Permission to be examined may be obtained from the Hon. Gideon Welles, Secretary of the Navy, or from Dr. P. J. Horwitz, Chief of the Bureau of Medicine and Surgery, Navy Department, and as there are many vacancies at this time, there is no doubt but successful candidates will be immediately appointed.

Candidates must be not less than twenty-one nor more than twenty-six years of age, and possess a good moral character and sound health.

In the course of examination each candidate writes an essay from memory and without the aid of books, on some professional subject assigned by the Board, and in the same manner writes answers to a dozen questions.

Then follows an oral examination, on Natural Philosophy, Chemistry, Materia Medica, Pharmacy, and Therapeutics; Anatomy, and Physiology; the Principles and Practice of Medicine; Surgery and Obstetrics; Medical Jurisprudence.

There is also a practical examination in the application of surgical dressings; in clinical observation; in the minor operations in pharmacy; recognition of medicines from their physical properties, and surgical operations on the cadaver.

The candidate has a fair opportunity to show whether or not his professional acquirements are sufficient to enable him to be a safe and efficient practitioner. The health and lives of officers and men em-

ployed in the naval service are too valuable to be intrusted to heedless or incompetent hands.

Either member of the Board will cheerfully give any further information on the subject desired by candidates.

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University of Pennsylvania.—The number of matriculants in the Medical Department during the session 1867–8 was 408; and at the centennial commencement, held on the 13th of March, the degree of M. D. was conferred on 153 candidates.

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Jefferson Medical College of Philadelphia.—The number of matriculants in this school during the session 1867–8 was 353; and at the commencement, held March 7th, the degree of M. D. was conferred on 159 candidates.

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College of Physicians and Surgeons—Medical Department of Columbia College.—At the sixty-first commencement of this school, held on the 5th of March, the degree of M. D. was conferred on 104 candidates.

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Bellevue Hospital Medical College.—At the annual commencement of this school, on the 29th of February, the degree of M.D. was conferred on 111 candidates.

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University of the City of New York.—At the annual commencement, held on the 3d of March, the degree of M.D. was conferred on 82 candidates.

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Medical College of South Carolina.—The class in attendance at the session 1867–8 numbered 60, and at the annual commencement, held on the 29th of February, the degree of M. D. was conferred on 27 candidates.

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Medical Department of the Louisville University.—At the commencement, held on the 2d of March, the degree of M. D. was conferred on 46 graduates.

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Medical College of Ohio.—The number of matriculants in this school during the session of 1867–8 was 187, and at the commencement, held on the 2d of March, the degree of M. D. was conferred on 54 candidates.

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Miami Medical College.—At the commencement of this school, held on the 20th of February, the degree of M. D. was conferred on 29 candidates.

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Cincinnati College of Medicine and Surgery.—At the commencement, held on the 21st of February, the degree of M. D was conferred on 9 candidates.

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Buffalo Medical College.—At the Annual Commencement held on 25th Feb. last the degree of M. D. was conferred on 40 candidates.

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Rush Medical College (Chicago).—At the annual commencement held on the 5th of Feb. 1868, the degree of M. D. was conferred on 116 candidates.

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The Mütter Lectures on Surgical Pathology.—Dr. Harrison Allen will deliver the fourth course of Lectures in the Hall of the College of Physicians, Thirteenth and Locust Streets, beginning on Monday evening April 20th, at 8 P. M., and continuing on Monday and Friday evenings until May 26.

Subject: Bones and their Diseases.

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Lectures on Microscopy, General and Morbid Anatomy.—Dr. James Tyson, No. 332 S. 15th Street, will begin his sixth course of lectures on Microscopy, General and Morbid Anatomy, early in April, and continue two or more lectures a week, at such hours as will suit the members of the class.

The course will consist of at least twenty-five lectures, and will embrace the principles of construction of the microscope, the preparation of objects, the process of injecting, use of the micro spectroscope, use of reagents, and the application of the microscope to clinical medicine.

In connection with the course, the microscopic appearances of all the most important healthy and morbid tissues will be exhibited and described, and the theories of their development and growth explained.

That the members of the class may have an opportunity of applying the principles taught, after a few lectures have been delivered an additional hour will be assigned each week for microscopic manipulations, during which they will be enabled to prepare specimens of the solid and fluid tissues of the body, study the effect of reagents, and familiarize themselves generally with practical microscopy, without which didactic details are of much less value.

Philadelphia School of Anatomy (Chant Street, Tenth St. near Chestnut), WILLIAM W. KEEN, M.D.—The summer course will begin on Tuesday, April 7, 1868, and will continue till the middle of October, excepting July and August.

A systematic course of lectures on descriptive and surgical anatomy will be delivered on Tuesdays, Wednesdays, and Fridays, at 3 o'clock P. M., illustrated by dissections, models, drawings, &c. The microscopic anatomy of the various tissues will be shown by the class microscope.

Dissection will be carried on under the direct and personal supervision of Dr. Keen and his assistant demonstrators of anatomy.

Dr. W. W. Keen and Dr. J. E. Mears will give a course on operative surgery, bandaging, fractures, and fracture dressings, commencing on Friday, April 10th, 1868, at 5 P. M.

Students will have the opportunity of applying practically all the bandages and fracture dressings, and of performing all the operations on the cadaver, after complete and systematic demonstration.

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Philadelphia College of Pharmacy.—At the forty seventh annual commencement, held on the 16th of March, the degree of Graduate in Pharmacy was conferred on 48 candidates.

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OBITUARY RECORD.—Died, March 2, at Savannah, Georgia, aged 83, Wm. Gibson, M. D., Emeritus Professor of Surgery in the University of Pennsylvania. Dr. G. was a highly educated, experienced, and skilful surgeon, and a most attractive and excellent lecturer. As the successor of the illustrious Prof. Physick in the surgical chair, he had a most trying position to fill, but he proved himself equal to the task, and gave general satisfaction by the clearness and earnestness of his teaching, and the numerous drawings and preparations with which he illustrated his lectures.

FOREIGN INTELLIGENCE.

Absorption of Solid Particles.—Professor CROCQ, of Brussels, has submitted an interesting paper to the Paris Academy of Medicine on the mechanism of the penetration of solid particles through the tissues of the economy. Formerly, he observes, it was believed that only liquid substances were capable of absorption into the animal tissues, but Donders, Moleschott, and other observers have shown by their experiments that very minutely divided solid particles may penetrate these. In further illustration of this subject, Professor Crocq has also performed a numerous series of analogous experiments, varying them in every possible manner, in different animals. To this end he has employed vegetable and animal charcoal, chromate of lead, chalk, ink, Schweinfurt green, starch, blood, etc., bringing the solid particles in contact with the skin, clothed with, and deprived of, its epidermis, the cellular tissue, the serous and mucous membranes, and the pulmonary alveoli. He has frequently, but not invariably, detected these particles in the blood and in the tissues which they were intended to penetrate. This penetration would seem at first sight analogous to the absorption of fatty bodies in the intestinal cavity, the fatty droplets being, in fact, only suspended in the emulsion of which they form part. These droplets pass into the conoid cells of the epithelium, and thence into the villi of the intestine. But this is never found to be the case with the solid particles, desquamation of the epithelium being an essential preliminary to their penetration. The different issue of various experiments that have been made is thus explained; for while there is no penetration of the skin when intact, this readily takes place in integument deprived of its epidermis, or in the cellular tissue. This explains, too, why such penetration takes place easily in the serous membranes, which undergo desquamation so rapidly on contact with foreign bodies; why it sometimes, but not always, occurs in the intestinal cavity, and on the other hand constantly takes place by the pulmonary alveoli; and why it results much more easily in the intestinal canal of mammalia than that of batrachians, the epithelium of which is less caducous. The epithelial barrier traversed, the solid particles pursue their course through the interstices of the tissues, the pressure exerted upon them by the surrounding parts, and the movements of the liquids which impregnate all parts of the economy, favouring their passage. Eventually they enter the vascular system, to be transported to all parts of the body, the lymphatic vessels being the channel through which they gain admission. —*Med. Times and Gazette*, Dec. 14, 1867.

Absorption of Gases by Metals —Dr. Odling, at the Royal Institution, has promulgated several new observations on this very interesting subject. It turns out that platinum and iron are not the only metals which have the property at a high temperature of being permeable to hydrogen gas. Mr. Graham has shown that the power is possessed in a still greater degree by palladium. Ignited copper in the state of wire will absorb hydrogen to the amount of 30 per cent., and in the state of sponge to 60 per cent. Gold, in the form of assay comettes, is capable of absorbing 48 per cent. of hydrogen, 29 per cent. of carbonic oxide, 16 per cent. of carbonic anhydride, and 20 per cent. of air chiefly, however, nitrogen. Silver is characterized by its preferential absorption of oxygen. It hence appears that a special relationship exists between particular gases and metals. The transmission of the gas through the metal is preceded by the absorption or occlusion of the gas in the substance of the metal so permeated. One of the most interesting of Professor Graham's experiments was made on sidereal iron—the iron of a meteorite. "Some 45 grammes, or 6 cubic centimetres, of meteoric iron from the Lenarto fall were heated in vacuo for two hours and a half, and found by Mr. Graham to give off 16.5 cubic centimetres of gas, which consisted substantially, not of carbonic oxide, but of hydrogen to the extent at least of 85 5 per cent. of the entire yield of gas, the remainder being chiefly nitrogen and carbonic oxide. The inference that the meteorite, at some time or other, had been ignited in an atmosphere of which the prevailing constituent was hydrogen, is obvious; and, judging from the volume of gas yielded, the hydrogen atmosphere must have been a highly condensed one. For, even under ordinary atmospheric pressure, telluric iron is found to absorb but somewhat less than half its volume; whereas this sidereal iron furnished fully two and a half times its volume of hydrogen." Dr. Odling mentions the fact that Father Secchi has distinguished one class of stars, typified by α Lyræ, as having a spectrum which is essentially that of hydrogen.—*Med. Times and Gaz.*, Nov. 2, 1867.

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Insalubrity of Cast-Iron Stoves.—The *Gazette Médicale* of February 1st says, that the Paris Academy of Medicine had a debate on this question at their last meeting. Dr. Carret had previously found that when shut up in a room, where a heat of 122 degrees Fahrenheit was thrown off from a cast-iron stove, he had insupportable headache after half an hour, whereas he did not experience this when a stove of fayence or sheet-iron was used. It was also known that iron was permeable to gases. But recently Messrs. Sainte-Clair, Deville, and Troost, analyzed the air circulating round cast-iron stoves which were heated to a high degree, and found a large amount of hydrogen and carbonic acid, and by this they were convinced that cast-iron is more permeable to gases than sheet-iron, and more unhealthy.—*Med. Press and Circ.*, Feb. 19, 1868.

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Characteristic Fungi in Various Diseases. —M. Simon announced at the last meeting of the Pathological Society of London, for Dr. Hallier, of Jena, that he had, in the course of recent and very extensive investigations, discovered characteristic fungi in variola, variola ovina, vaccinia, and in the blood in typhus, typhoid, and measles. Dr. Salisbury, of America, has recently announced [*Amer. Journ. Med. Sci.*, Jan. 1868] the discovery of fungi characteristic of syphilis and gonorrhœa.—*British Medical Journal*, March 7, 1868.

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New Hospital in India.—The Sassoon General Hospital at Poona, founded by the late Mr. David Sassoon, a munificent and charitable Jewish merchant, was opened on Oct. 7th, by the right Hon. the Governor. Mr. Sassoon contributed over 105,000 dollars towards the cost of the Hospital.—*British Med. Journal*, Nov. 9, 1867.

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Fever on the Mauritius.—The mortality in March last was upwards of 6000, and in April, 10,000. In two months, 17,000 persons died on the island, and the whole mortality from Feb. 10th to April 30th, exceeded 19,000. This is a frightful mortality when we consider that the whole population of the island does not exceed 300,000.

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Dumb Men's Speech.—We have been brought into communication with Mr. Van Praagh, the very intelligent and able director of an institution for the instruction of

deaf and dumb children of the Jewish nation at 44 Burton-crescent, London W.C. Having visited the establishment, and witnessed the progress which the pupils, male and female, have made since June last, when Mr. Van Praagh introduced the system of teaching them to use their voices rather than their fingers to explain their wishes, we can only express our astonishment and satisfaction at the success of his efforts, and hold them up for imitation at other similar establishments.

The first well-concerted effort to teach the deaf and dumb speech seems to have been made at Rotterdam, and from that city instructors have been sent to various countries, including England. From time to time isolated efforts in this direction have been made. Thus, about 1700, Dr. Conrad Amman began to attempt to teach the deaf to speak, and wrote two treatises upon the subject. In the eighteenth century Heinicke established a school at Leipsic for similar instruction; and it is this German method, as distinguished from the French mode of talking on the fingers, which was introduced at Rotterdam in 1853 by Dr. Hirsch.

We have not space to reproduce the interesting details which Dr. Hirsch embodies in his report upon the deaf and dumb asylums of the Netherlands; and it will be sufficient to inform those interested in the subject that in Manchester Mr. G. Van Ash has opened a private institution for the instruction of the deaf and dumb, and that the establishment in London, under Mr. Van Praagh will shortly have its sphere of usefulness extended by receiving day-scholars. In fact, it is a part of this novel system that separation of children from their friends and their collection in large asylums are not only unnecessary, but unadvisable; since the more they mix with ordinary life the better, so soon as they once begin to read words from the lips of others, and to endeavour to speak themselves.—*Lancet*, Feb. 22, 1868.

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Doctrine of Evolution.—Great interest has been excited in the scientific world by a recent lecture by Prof. Huxley, at the Royal Institution, on creatures intermediate between reptiles and birds. Professing himself to be a believer to the fullest extent in the modern doctrine of *evolution*, he commenced by considering some of the most valid objections to this theory. In the first place it was objected that, seeing we have in the present day such distinctly defined groups of animals as, for example, fishes, reptiles, and mammals, so widely and unmistakably, separated from one another, if the doctrine of evolution were true, we ought to be able to discover at present existing, or in the earth's crust, some signs of the existence of intermediate forms. The answer to this is, first, that the links which connected these large groups have died out; and secondly, that our present geological record forms but an infinitely small portion of the living forms that have been—that groups of strata are constantly separated by great breaks, in which all the forms of life have been swept away, and thus we lose certain terms of progression. But these objections were, after all, only *excuses*.

Between birds and reptiles, so strikingly different in their outward aspect, there existed closer structural affinities than between any other two groups of the vertebrata. Still, between all *existing* birds and all *existing* reptiles, there were strongly-marked and characteristic differences of structure, and we possessed no knowledge of any existing intermediate forms. Such intermediate forms, however, *had existed*, as he should be able to show.

It would be necessary first to point out what were the most striking differences of structure between existing birds and existing reptiles; and since the *bones* only are found in the fossil state, we must confine our comparison to the *skeletons* of these two groups.

First, as to the fore limb or *pinion* of a bird; it presents a structure utterly unlike that of any reptile. Comparing it with our own hand, it has the first, second, and third fingers *only*, and the first and second only of these ever have *claws*. In no reptile is the fore limb found in that condition; it has *more* fingers and *more* claws.

In birds the three carpal bones are anchylosed. In reptiles they are free. The mode of ossification of the breast-bone in birds is very different from that in reptiles. In the *sacrum* of the bird all the constituent vertebræ (twenty to thirty) are anchylosed. In no reptile are there more than two or three fused together. The haunch bone extends *in front* of the cavity for the hip-joint in birds, as well as *backwards*. In reptiles

it never extends *forwards* in this way. The ischium in birds is bent back parallel with the ilium, and is slender. In reptiles it is *broad*, and at right angles to the ilium.

Then as to the hind legs. The thigh bones of birds differ from those of reptiles in being adapted to move in a *plane parallel* to the body.

The *shin* bone of birds differs very greatly from that of reptiles, first, in presenting a prominent *crest* at its upper extremity, and, secondly, in having *half the bones of the foot united with it.* No vertebrate animal whatever has this kind of shin bone but birds.

Lastly, the three metatarsal bones in birds are anchylosed, and, if they have four toes, the fourth is always imperfect. The gap is therefore very broad between birds and reptiles; we have now to inquire if it can be bridged over.

In the *tertiary* formation all reptiles and birds preserve this gap. But in the older mesozoic formations the feather of a bird, the "archæopteryx," had been discovered, and from subsequent investigations it proved to belong to an animal the skeleton of which presents some approach to the reptilian form. It had a *long tail.* Of the metacarpal bones, two were free and moveable, and it had claws. The fore limb was therefore quite as much a *paw* as a *pinion*, and combines in many particulars the paw of the reptile with the wing of a bird. But it was in the fossil remains of the *iguanodon* that he saw distinctly one of the missing links connecting birds with reptiles.

In the skeleton of this animal it was to be observed that the *fore* limb was very small and slender, compared with the *hind* one. The ilium was bird-like; the sacrum also. A bone which had been called the clavicle of the iguanodon no doubt belonged to the pelvis, either the ischium or the pubis. It is very like the ischial bone of the ostrich. No existing reptile has a bone like it. The thigh bone is constructed like a bird's, and utterly unlike a reptile's. The *shin* bone, if seen alone, might at once be pronounced a bird's.

The foot has only three toes, and is more like that of a bird than that of any living reptile.

It is curious to inquire how this animal walked, with such a small fore limb, and such large hind limbs. The fore limb could not have supported any weight; it is therefore probable that the iguanodon walked on the toes of the hind legs—in short, that, like a bird, it walked on *two* legs. This supposition had been strengthened by the discovery of certain fossil footprints, such as might have been made by this animal, and these were found only *in pairs*, no impressions of *fore* paws. There had been discovered since the iguanodon another fossil, and it was remarkable that only a *single* example had been found, proving how certainly true it is that whole groups of animals must have been *entirely*, or almost entirely, swept away; this animal had a *long neck, bent back* on the body, the back short and light, pelvis long and bird-like, and a *long tail.* Fore limb still smaller and lighter than in iguanodon.

In the hind limb the thigh is shorter than the shin, and the shin shows that bird-like conformation of the adherence of half the ankle-bones to it. It is in every respect a bird's tibia.

It also possesses a bird's foot, except that the metatarsal bones are not completely united. This supplies what was wanted in the iguanodon. The step from this to the bird's structure is easy and simple, and the more one goes back in time the more transitional forms to bridge over the existing gap between birds and reptiles will probably be found.—*Med. Times and Gaz.*, Feb. 15, 1868.

[Prof. Huxley has, in the above statement in regard to the connecting link between birds and reptiles, been entirely anticipated by Prof. E. D. Cope, who, in a communication made to the Academy of Natural Sciences of Philadelphia several months since, and published in their proceedings for 1867, pp. 234-5, demonstrated the same facts. In that communication Prof. C. gave an account of the extinct reptiles which approached the birds, and showed that this approximation appeared at two points. The first by the Pterosauria, to which the modified bird Archæopteryx presented points of affinity. The second, and one not less striking, is by the Dinosauria of the orders Geniopoda and Lymphopoda. He pointed out the differences between the two classes, and showed how they approximated each other. And he expressed his conviction that the most bird-like of the tracks of the Connecticut sandstone were made, as stated by Prof. Leidy (*Journ. Acad. Nat. Sciences*, vol. ii 1854), by the Bathygnathus (Leidy), a reptile which had very short fore legs, and, no doubt, walked more or less erect on its hind feet.—Ed.]

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He has been eminently successful, and we may truthfully say that the work is a faithful guide to a proper conception of the diseases of childhood, and the best methods of their management. It is an exhaustive treatise upon this subject, and every phase of it has been so presented as to leave the reader satisfied that all that could be profitably said had been clearly and perspicuously stated. The whole book is replete with instruction, got up in the elegant style of the publisher, is an American standard, and to say the least, not inferior to any transatlantic work on the same subject, and ought not only to be in every physician's library, as the phrase is, but where Rush placed Sydenham—on the table beside one—to be referred to every day, and many times in a day.—*Nashville Med. and Surg. Journal*, Feb. 1868.

This work has been too long before the profession to need any extended notice from us at this time. The high encomiums of the medical press and the general favor with which successive editions have been received, are assurances of its high character as a complete and excellent treatise upon the subject upon which it treats. The work has been thoroughly revised, and many additions made, until it is now a volume of nearly eight hundred pages, and in it may be found everything necessary for either student or practitioner. It is a work which has succeeded in establishing itself in a high position in American medical literature.—*Western Journal of Medicine*, Feb. 1868.

It would seem superfluous to again recommend this valuable treatise on the diseases of infancy and childhood to medical men conversant with the literature of their profession for the past decennium, during which period it has been acknowledged to be one of the most instructive and reliable works upon the subject of which it treats, that has been issued from the American press. But as this, the sixth edition, has been carefully revised, and all of the important recent *facts* in regard to the pathology and therapeutics of infantile maladies, have been incorporated into the body of the work, we cannot do better than to again call the attention of the profession to its many claims as a safe guide in the treatment of the diseases peculiar to children.—*Humboldt Med. Archives*, Feb. 1868.

The former editions have been well known to the reading part of the profession, and generally recognized as one of the best works on the diseases of children in our language. In preparing the present edition for the press, the entire work has undergone a thorough revision by the author. We cordially recommend the book to all, whether student or practitioner.—*Chicago Med. Examiner*, Feb. 1868.

It is, generally speaking, useless to praise a book when it has reached its sixth edition. Nor shall we on the present occasion do more than give an outline of the contents of a work which appears to us to be one of great practical value. Although we do not agree with the author in every particular, still we are constrained to say that his work is one of great practical utility.—*London Med. Times and Gazette*, Feb 29, 1868.

The edition before us has undergone a careful and thorough revision, and by the addition of new materials, compiled from every available source of information, is brought quite up to the advanced state of knowledge regarding that class of diseases which claims so large a share of the practitioner's attention, and which demands so much skill in their proper management.—*New York Medical Journal*, Feb. 1868.

HENRY C. LEA—Philadelphia.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on the Varieties of Pneumonia. By EDWARD H. SIEVEKING, M. D., Physician to St. Mary's Hospital, Physician in Ordinary to Prince of Wales.

GENTLEMEN: We have recently had the opportunity of watching together several cases of pneumonia, or inflammation of the lung-tissue; and it cannot but have struck the most superficial observer that, although in each there were certain signs which bore a close resemblance to one another, the cases differed much in their general aspect, and in the course they ran. You have seen the treatment to be *nil* in one case as regards medicinal interference; in another, venesection was employed; in a third, saline or alkaline treatment predominated; or, again, perhaps it was thought necessary to let a supporting and strengthening system prevail. In visiting the patients, I have briefly expressed my views and reasons; but it may be well, and of practical utility, to review the subject, as it is one involving the general theory of medicine and the greater or less value of treatment of disease at large, and the prolongation of life.

What I wish to inculcate is this; that, in the treatment of a morbid condition, you are not to be guided by a name; you are not to believe in specifics, or to assume that, because a certain set of signs resemble one another in different patients, therefore, the condition which produces those signs or symptoms is based upon the same fundamental derangement to which it must be referred. You would not think well of a watchmaker who attributed all irregularities to which watches are subject to bad tempering of the mainspring, and therefore, to rectify the irregularity, at once insisted upon renewing the mainspring. You would ex-

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pect him to take the watch to pieces, and to ascertain whether the escapement was well balanced, the different pins and pivots in their place, the cogs of the different wheels uninjured, or whether oil and dust had accumulated in one part or other of the machinery. His proceedings to remedy this irregularity would depend upon the result of this inquiry, and vary accordingly. The empirical practitioner of medicine resembles the ignorant watchmaker; he adopts his remedies without carefully analyzing all the elements that go to make up disease, and is satisfied with a foregone conclusion, determined often by very imperfect data. The careful and scientific practitioner imitates the clever watchmaker, as far as it is possible. He cannot, indeed, take the human machinery to pieces; but he can, by means of his physiological and pathological knowledge, lay open a great many concealed processes, and analyze them or the derangements to which they have become liable. By examining the previous personal and family history of the patient, he is able to determine the existence of any latent tendencies or idiosyncrasies; by analyzing the subjective and objective phenomena of the disease, and by comparing them with those manifested in other patients similarly affected, he eliminates that which is essential from that which is non-essential; and thus, instead of following routine in treatment, which is but a vague and uncertain guide, he arrives at a scientific conclusion as to the measures to be adopted upon a general review of all the constitutent parts of the frame. This doctrine is not a new one, but it is often lost sight of; and, as a single symptom has frequently been erected into a nosological entity, so a mere name has in several schools served as a guide to an uniform method of treatment, ill adapted to the various conditions which that name was made to embrace. Of pneumonia it may be said, almost more than of any other pathological process, that it is not an unity. There is a certain resemblance between all cases of pneumonia, in the physical signs they present. Auscultation and percussion, from attracting too exclusive attention, have served to obscure vital conditions which ought never to be overlooked if our treatment is to be thoroughly rational. Cases of pneumonia differ widely from one another, not only in the extent of tissue affected and the duration of the disease, but they are wide apart in character, in origin, in course, in signification, treatment, and result. There are numerous diseases which occupy a different position. We are justified, in regard to zymotic diseases, in assuming an uniform morbific cause. In scarlet fever, in typhoid, in typhus, in cholera, in measles, we see variations in the symptoms; but the phenomena are essentially uniform in character, though not in degree. Pathologically and nosologically, they present a type that separates them from all other diseases, and establishes them as distinct entities. They each depend upon the presence of a peculiar poison; and it is perfectly conceivable that the advance of biochemical inquiries may eventuate in the discovery of an antidote or specific for each poison. Pneumonia, as such, cannot enjoy this privilege, because it varies in type, indicating very different poisons or morbid influences as capable of inducing analogous symptoms, and exciting derangements that closely resemble one another, but cannot be successfully treated by the same methods, because these must be determined by the varying fundamental conditions from which they take root. I am not now developing a history of pneumonia, and therefore guard myself against the supposition of being engaged in an inquiry into the difficult question of varying types of disease at different ages of man; but I do not hesitate to maintain that, at one and the same time, we meet with cases of pneumonia that differ very materially in type, and therefore demand very varying treatment. I hope to give satisfactory evidence of the proposition before the conclusion of the lecture; but I may be permitted even now to appeal to all who have paid any attention to climatology, as to whether or not, at the same time, the type of disease generally does not differ very materially according as the climate is of a dry and warm or wet and warm character; as to whether the atmosphere is still or windy; as to whether the alterations of temperature and moisture are great and sudden, or the reverse. This, however, by the way.

Before I offer you a few illustrations of my statements regarding different types of pneumonia as they are constantly occurring under our observation, let us briefly group together the phenomena which are ordinarily regarded as constituting pneumonia, and which with greater or less uniformity and intensity meet us, however the pathological

process may have been induced. As ordinarily understood, pneumonia is a disease exhibiting the following complex of symptoms. There are febrile excitement, indicating a general change in the metamorphosis of the tissues; a dry skin; elevated temperature; accelerated pulse; a moist furred tongue; and rigors. It is plain that, whatever the local affection may be, the entire system manifests a sympathetic disturbance. Then, specially referable to the thorax, we observe such symptoms as cough; quick short breathing; expectoration varying in character according to the stage of the disorder; and local disagreeable sensations, scarcely amounting to pain, but sufficient to draw the patient's attention to the seat of the malady. The physical signs are, more or less extensive and marked dulness, commencing at the bases of the lungs, and extending upwards; increase of vocal fremitus and resonance; deficient respiratory murmur; crepitation; tubular or bronchial breathing and large mucous crepitus, with diminished expansion of the thoracic walls. When we find a certain number of these signs associated in the same individual, we pronounce him to be suffering under one of the stages of pneumonia through which the process usually passes.

You have watched with me the cases to which I am about to refer; and you will bear me out that I have invited you, whenever we have visited the patients together, to verify for yourselves the presence of the symptoms I have briefly recapitulated.

The first illustrative case that I wish to remind you of is that of Henry Lee, aged 26, a well-built, robust porter, working at the Great Western Railway, who was admitted on May 24th, 1867, into the Albert Ward. He had been in good health until five days previously, when he had an attack of rigors, accompanied by sickness and purging. He had had no illness for seven or eight years before this seizure. There was pain at the lower part of the thorax on each side, causing a catching when he drew his breath; and he could not speak with ease, on account of the dyspnœa. There was, on admission, no dulness or crepitation in front; nor was there crepitus at the dorsum; but there was well-marked dulness over the lower half of the dorsal aspect of the right lung, with bronchial *souffle*. According to my usual plan, where the symptoms are not sufficiently urgent to demand immediate interference, I merely ordered him to bed, and put him on low diet, waiting for the next day to obtain a clear view as to the tendency of the disease. There are many cases in which it would be wrong to lose any time; but, on the other hand, there are many which suffer from too active interference; and practically it is found, especially among the poorer classes, that the mere effect of rest, warmth, and properly regulated diet, materially alters the aspect of a case in twenty-four hours. By at once prescribing medicines, our conclusions as to their value are apt to be vitiated, as they are complicated by the powerful influence exerted by the changes just alluded to. In the case before us, nothing was lost as regards the progress of the patient. All pain was gone, but the dyspnœa continued. No crepitus was discovered; but the dulness, bronchial breathing, and bronchophony showed that there was well-marked pneumonic consolidation of the right lung, manifestly of an acute, but, as far as the accidents and present condition of the patient indicated, of an uncomplicated character. I saw no indication in the symptoms or in the tendency of the disease for active medication; and, believing that the natural powers of the individual would, when placed under the most favourable conditions as regards temperature, rest, and regimen, suffice to insure a satisfactory result, I merely ordered camphor mixture, to prevent the patient from thinking himself neglected. The effect was as favourable as could have been desired. The report on May 27th, three days after admission, says that he felt much better; had no pain, except in drawing a long breath; and that coarse crepitus was to be heard at the right base. By May 31st, the breathing was very much improved; the bronchophony had disappeared; the patient expressed himself as being much relieved; and, with the exception of some slight crepitation, the local signs had nearly disappeared. There was some debility, on which account quinine was prescribed, and he was allowed ordinary diet. He continued to improve steadily, and on June 4th, was discharged perfectly well.

In recurring to this case, I am inclined to think that no medication could have accelerated the recovery. Certainly, anything approaching to heroic treatment by bleeding and blistering, purging, and tartrate of antimony, might have shown what

powerful weapons the physician was able to wield; but this *nimia diligentia* would have insured a protracted convalescence, and possibly have weakened the patient for life. It was a case of acute, simple, uncomplicated inflammation of the lung-tissue; which would have been a great triumph in the hands of a homœopathist, inasmuch as, in regard to medicine, a sugar-pill was less likely to interfere with the curative powers of nature than potent "treatment" of any kind *selon les règles de l'art*. But is such inactivity always to be recommended? I think not; and, by way of contrast, I will give you the summary of a different case, in which the symptoms appeared to justify venesection, which was promptly administered, and with what result you will immediately be able to determine.

Robert Hill, aged 22, a driver, was admitted November 13th, 1867. He had had rheumatic fever three years before, but had enjoyed good health since. He had caught cold on the 7th, a week previously to admission; but had gone on working till the day before, when he was compelled to remain in bed on account of the severity of his cough and dyspnœa. On admission, he complained of great *malaise*. There was intense dyspnœa, much short cough, a furred and dry tongue, hot skin, and a morbillar rash over the trunk. The air entered well over the front of the chest, and only occasional moist râles were heard there; but at the back there was dulness over both bases, with fine crepitation and tubular breathing over the lower right third. The pulse was 84, and soft; the respiration 56; and temperature 101⅘ deg. Fahr. The symptoms in his case were so urgent, the dyspnœa so great, and the man so evidently of plethoric habit, that the indication appeared absolute that means should at once be taken to relieve the pulmonary congestion and inflammation by the most direct method. Accordingly, I ordered a venesection to the amount of six ounces, together with acetate of ammonia mixture, containing one-twelfth of a grain of tartrate of antimony, to be taken every three hours. If our predecessors of the "bleeding" school met with many such results as we experienced in this case, it was no wonder that they regarded venesection as a sheet-anchor; for the disease was clearly "knocked down" by it. The patient expressed himself greatly relieved by the venesection on the following day. His breathing was quiet, the skin cool and moist, but the face rather dusky. There was still dulness at the posterior bases, and there were occasional creaking râles. On the 15th, the respirations were 24; the pulse was reduced to 64; the temperature 98⅘ deg. Fahr. Except occasional sonorous râles at the bases behind, the lungs were restored to their normal condition. No relapse took place; and, a few days afterwards, he was discharged cured.

Here, too, we had to deal with a well-marked acute case of pneumonia, of a very sthenic character. It was in the first stage; and therefore it was pathologically intelligible that a venesection might, by relieving the congestion of the lungs, induce a speedy cure. The result justified the anticipation; and no ill effects were left by the proceeding, as the patient, after a short convalescence, entirely recovered his health. Here we had to deal with a complication with an exanthem which doubtless increased the febrile excitement and dyspnœa, but which was only an accidental coincidence. My belief is that, without active treatment adopted at the outset, the pneumonia would have persisted after the measles had disappeared, and a much more tedious and protracted pulmonary affection would have had to be dealt with than it now proved. Pneumonia, is not, like bronchitis, an ordinary complication of measles. The poison of the latter expends itself upon the respiratory mucous membrane, and does not light up parenchymatous mischief. We are, therefore, justified in regarding the complication of the two diseases in the instance before us as a mere coincidence.

In the instance that I shall next bring before you, the pneumonia was associated with an inflammatory affection of a constitutional kind, which aided materially in the recognition of the intimate nature of the malady. The association in this case was not a mere coincidence, but the relation of the two conditions was that of cause and effect. The latent and pervading disorder was rheumatism; and the irritation of the rheumatic poison upon the pulmonary tissue gave rise to pneumonia, similarly as it caused inflammation of the wrist, as in other cases it may induce ophthalmia, or meningitis, or a cardiac affection. The complication of pneumonia and rheumatic fever is not the most frequently met with; still the fact of our having two cases of an

exactly similar character in the wards at the same time shows that the indications to be derived as to diagnosis and treatment are well worthy of your attention. I shall not in this lecture recur to the second case; but you will remember that they lay opposite one to the other in the Victoria Ward. In the one under consideration, the pneumonia was the first disorder to attract attention; in the other, rheumatic inflammation of the large joints was the first prominent symptom, though speedily followed by genuine pneumonia of the left lung. We are all liable to fix certain prominent phenomena upon our minds as associated with disease, to the exclusion of others that may not occur with the same frequency, but are of the same importance as regards the individual case. So we all look for synovial or serous inflammations in rheumatism, but are apt to forget that the poison which induces them may well be held responsible for the production of inflammation in other structures. Moreover, if we possess any means of neutralizing the poison or vicious product that determines rheumatic inflammation, it is manifest that the recognition of the fundamental morbid condition upon which the pneumonia is based is of the utmost importance, because it would materially influence the treatment. An inflammation dependent upon a peculiar acid pervading the system would necessarily require to be combated by remedies aiding in the elimination or neutralization of the acid; while in another case—as, for instance, one dependent upon a *materies morbi* resulting from imperfect depuration of the *débris* of nitrogenous tissues accumulated in the blood, or one dependent upon mere asthenia—a very different method of medication would be demanded.

The chief points of the case are as follows. Ann Gregory, aged 15, of a very rheumatic family, the daughter of a painter, was admitted on the 29th of November, having been seized with a cold and pains all over the body a week previously, followed by some swelling of the lower extremities. On admission, there was great general *malaise*, but no swelling or inflammation of the joints. The pulse was 92; the tongue furred; the temperature 100.8 deg. Fahrenheit. She slept badly the first night, and was delirious. The day after admission, there was much dyspnœa, pain in the left hypochondrium, with marked dulness below the fourth rib on the left side, and dulness at both bases posteriorly, more marked and extensive on the left than on the right side. No friction sound, but sonorous rhonchi. Pulse 120; respiration 60; temperature 100.2 deg. Fahr. She was ordered mist. ammon. acetatis, with small quantities of morphia. On December 1st, the rheumatism showed itself more distinctly in a severe inflammation of the right wrist-joint, with exacerbation of all the general symptoms. The pulse having risen to 144 and the temperature to 102.4 deg. Fahr., an alkaline lotion with laudanum was applied to the wrist, and imperial ordered as a drink. On the following day, leeches were applied to the left thorax with marked benefit, and a small quantity of antimony was added to the mixture, and from this time the case progresssd favourably. The pulse ran down at once to 100, and the temperature sank to 100.2 deg. Fahr. A well-marked crop of patches of erythema marginatum appeared successively on the trunk and lower extremities, dying away in a few days. The breathing at first became more bronchial at the left base behind; then redux crepitation occurred; pulse, temperature, and rheumatic inflammation gradually subsided. By the second week in December, convalescence was perfectly established; her strength and healthy complexion returned; and on Dec. 23d, she left the hospital apparently quite cured both of the rheumatism and of pneumonia.

As in the last case the nature of the pneumonia was not rightly appreciated until its connection with the rheumatic poison became evident, so in the following the typhoid fever-poison gave the proper clue to the inflammatory affection of the lungs with which the patient was admitted; though it masked the former, which was not clearly established until five days after the man had been under observation.

John Little, aged 23, a labourer, was admitted on Nov. 7th, and discharged cured on Dec. 14th. He attributed his illness to working in a draught on Oct. 30th. There was much cough, hoarseness, and dyspnœa; skin hot and dry; temperature 102.2 deg. Fahr.; tongue dry and furred. Pain in the chest only on drawing a deep inspiration. Dulness on the right side below the nipples, with crepitation and sonorous râles; the breathing tubular as you approach the

base of the lung; sonorous râles under the left clavicle. Ill defined crepitant and sonorous râles at the right back. The sputa soon became rusty, and were streaked with blood. The pulse 96, weak. Six leeches, with saline mixture containing one-twelfth of a grain of tartrate of antimony, followed by a blister, appeared to give temporary relief; but on the 11th, typhoid symptoms set in; the temperature rose to 39.5 deg. and 40 deg. cent., with the pulse 110; the tongue became brown, and there were sordes on the teeth; there was much diarrhœa, and the patient complained of greater exhaustion and the cough becoming more troublesome; the physical symptoms indicating, in addition to the pneumonia, diffused bronchitis. On November 13th, there were pain in the right iliac fossa; typhoid (rose) spots over the abdomen; great weakness and depression; skin hot and dry; temperature in the morning 39.5 deg. cent. (103.1 deg. Fahr.) The pulse, respirations, and temperature, at 3 P. M. on this day, are noted respectively at 104.40, and 104⅔ deg. Fahr.; the urine being rendered turbid by nitric acid, but cleared by heat. He was now ordered four ounces of brandy, in addition to the following mixture.

℞ Ammon. carb. gr. iij; tinct. camph. co. ℥ss; decoct. cinch. ℥j. Fiat haustus ter die sumendus.

Linseed-meal jackets were also applied. The bronchopneumonia continued to give great trouble both to doctor and patient; but there could be no doubt as to the propriety of directing treatment rather against the typhoid fever than the complication. The tenderness of the abdomen and the diarrhœa subsided by the 16th, and the symptoms of fever, as to thirst, pulse, and temperature, also abated. It is unnecessary to give the daily reports of the case; suffice it to say that on the 26th the pulse was 92: the temperature 37 deg. cent.; the respirations still being at the high number of 44; the consolidation of the right base was disappearing, and the bronchitic râles also were much reduced. The cough and expectoration gradually yielded; the strength improved; and on the 14th Dec. I was able to discharge him from the hospital.

In this case, the urgency of the symptoms necessitated, in the first instance, the application of leeches and the administration of tartrate of antimony. Probably the patient might have done equally well without them, had we foreseen the typhoid fever which was well marked. As it was, the lowering remedies were replaced by medicines acting differently on the system as soon as there was a suspicion of the presence of typhoid. This fundamental disorder further explained the obstinacy of the pulmonary symptoms, which appeared to benefit little by any of the remedies employed until the fever had run its course.

I shall have many opportunities of recurring to the principles I have laid down in this lecture, and of illustrating them by other instances. Let me now only ask you to bear in mind the fact demonstrated, I think clearly, by the foregoing cases, that pneumonia varies very much in its intimate nature, although presenting physical signs that closely resemble one another in the different cases; and that, in order to treat pneumonia scientifically and with the greatest benefit to the patients, due regard must be had to these complications, and that there is no such thing as uniform or routine medication for the disease.—*British Med. Journ.*, Feb. 22, 1868.

HOSPITAL NOTES AND GLEANINGS.

Treatment of Muscular Rheumatism at the London Hospitals.—We have used the term Muscular Rheumatism because it is that which is commonly applied to the painful and often troublesome condition of which we desire to compare the treatment adopted by physicians who are accustomed to see large numbers of patients so affected. It seems to be often doubtful whether the disease, as commonly so described, is really connected with "rheumatism," which it resembles only in that it is attended by pain, and is often consequent upon exposure to cold and damp. But in these respects it is equally allied to neuralgia, and it would perhaps be more proper to class the condition under this head.

St. Mary's Hospital.—Dr. Broadbent's treatment of the acute forms of muscular rheumatism is chiefly local. For "stiff neck" he prescribes a stimulant and opiate liniment; turpentine and laudanum, and sometimes chloroform, added to the linimentum saponis. This is ordered to be rubbed in warm on the affected part with as firm pressure as the patient will bear, so

that the muscles may be kneaded as well as the skin reddened. A warm flannel is afterwards to be put round the neck.

In lumbago he applies a large sinapism across the loins, followed by hot linseed poultices or a succession of linseed poultices on the surface of which mustard is sprinkled. Turpentine stupes do equally well; but he finds that the poor do not manage them properly at their own homes. Rest is enjoined; but the patient is not ordered to remain in bed, the act of turning in bed putting a strain on the lumbar muscles, and causing much pain. If the bowels are confined, and there is any febrile action, a saline and alkaline aperient is given. In the later stages of an acute case, or in the more chronic forms, the emplastrum picis or emplastrum roborans replaces the poultices, and a flannel belt is recommended. Iron is also usually given internally.

Chronic pains in the loins and limbs, which, being seated in the muscular structures, and worse during or after exertion, are often called chronic muscular rheumatism, Dr. Broadbent has found to be due to various causes, and associated with various conditions of the system. Very commonly these pains are merely the expression of debility and overwork. But in washer-women, who in washing and hanging out clothes are exposed to moisture and to chills, the muscles of the arms and shoulders, and in gardeners and men who work in the streets, the muscles of the loins and lower extremities are sometimes the seat of chronic pain of a severe character, which may fairly be called rheumatic. An obstinate lumbago again is sometimes a result of lead-poisoning, and may be the only symptom attending it. The treatment varies accordingly. Cod-liver oil, iron, and tonics in debility, with a plaster to the loins, or a stimulating liniment to the limbs where debility seems to be the main cause; warm baths and shampooing, or Turkish baths, if the patient can procure them, flannel under-clothing, in addition to liniments, &c., when exposure to wet and cold has given rise to the rheumatism. Alkalies and iodide of potassium do not seem to be of much service. Cod-liver oil does good, and sometimes guaiacum has appeared to be useful. In the lumbago arising from lead-poisoning, iodide of potassium is given to carry the metal out of the tissues, and afterwards cod-liver oil and iron, or the oil may be taken at the same time with the iodide.

Dr. Broadbent has in several cases known muscular rheumatism to be closely simulated by inflammation about the nerve-roots as they issue from the spinal column, and has obtained the best results from a blister applied along the region affected. These we propose giving more fully in a future report.

Middlesex Hospital.—Muscular rheumatism, in the ordinary acceptation of the word, is a term applied to at least two or three classes of cases. Their symptoms are alike, inasmuch as they consist of pain referred to the muscles; but their causes and treatment are quite distinct.

The first class has nothing whatever to do with rheumatism, though it still retains a name which implies the contrary. It is most commonly met with in persons, both old and young, suffering from general debility; but not necessarily with any constitutional tendency to rheumatism, or to the deposit of lithates in the urine, which, on the contrary, is often neutral and phosphatic. Its principal feature is the peculiarly aching character of the pain, which most commonly occurs in the muscles of the extremities and back, more especially those of the arm and shoulder, and is, in fact, a continuous and exaggerated form of the pain familiar to every one after unusual muscular effort. It is the result of an over-fatigued state of the muscles, as is indicated by the fact that rest and support to the aching limb invariably relieves the pain. Dr. Robert Liveing finds that the only successful plan in treating this malady is the administration of tonics, of which iron and cod-liver oil are the most efficacious. Friction, with anodine liniments, such as the opium liniment combined with extract of belladonna, is also beneficial, and to this must be added rest and good food; while the treatment with alkalies and purgatives, which is often adopted, is worse than useless.

The second form of muscular pain commonly met with is really of rheumatic or gouty origin. It occurs in those who are more or less subject to rheumatism of the joints, who have had perhaps one or more acute attacks, and whose urine is acid and often loaded with lithates. Ordinary lumbago is a good example of this malady in one of its severer forms; but in milder

and more common cases it is nothing more than a sharp pain in the muscles, without much constitutional disturbance, though it is often premonitory of an attack of rheumatism. The best mode of treament is to keep the part affected thoroughly warm, and the internal administration of bicarbonate and nitrate of potash and magnesian purgatives. In these cases local friction, with stimulating liniments, such as the camphor liniment, combined with chloroform, may be advantageously used.

Lastly, pains referred to the muscles of the trunk, especially those of the back, are often of a reflex kind, and similar to the well-known pain between the shoulders which is caused by gastric irritation, or the still more common lumbar pain from uterine disturbance. But though in these cases the seat of the mischief is in some other organ, requiring its own special treatment, yet it is remarkable that the local application of anodynes, as, for example, a good belladonna plaster, is almost invariably followed by relief to the sufferer.

Charing-Cross Hospital.—Cases of muscular rheumatism are very frequent among the labouring men who attend as out-patients at Charing-cross Hospital, especially those who have been much exposed to wet and cold. Dr. HEADLAND regards the treatment necessary as of two kinds, specific and palliative. The antidote to the rheumatic poison is potash; and Dr. Headland generally administers the bicarbonate in doses which are proportional to the severity of the case. In acute cases half a drachm is given every four hours; in chronic cases, unattended with fever, ten to fifteen grains three times a day will be sufficient. The latter dose may be continued for weeks or months, and is generally followed by an improvement or by a radical cure. Dr. Headland never gives iodide of potassium in rheumatism, except where there is a certainty or a suspicion of venereal taint. When rheumatic pains cannot be relieved by potash, it is generally because the nervous irritation has lasted so long that neuralgia or neurosis has taken the place of the inflammatory action first caused by the acid poison. In these instances, Dr. Headland has much faith in minute doses of belladonna or atropia.

Warm baths and vapour baths are often of use in muscular rheumatism. The *materies morbi* is got rid of in the acid sweat. There are other modes of treatment applicable to particular cases. Thus, in lumbago, the warmth and support afforded by a tight flannel belt is of great service. In sciatica, which is often aggravated by the pressure of a loaded bowel on the nervous trunks in the pelvis, we may give purges of aloes, turpentine, or croton oil.

The palliative treatment is chiefly local. Simple friction, or a stimulating liniment, will do good in chronic cases of long standing. A liniment of opium or belladonna, or a plaster of either, may be used when the pain is aggravated by pressure.

As a last resource, repeated blistering over the part has proved successful in Dr. Headland's hands, when other treatment has failed. A grain of morphia, sprinkled over the raw surface, afforded relief in a recent case of extraordinary severity.

King's College Hospital.—In selecting a method of treatment for so-called muscular rheumatism, Dr. DUFFIN is guided by the following considerations—the duration of the muscular pain, its intensity, and the area it involves. Should the annoyance not date back beyond a week, be confined to a few muscles, and be of no great severity, he employs local counter-irritation in the form of sinapisms or the application of the turpentine liniment of the Pharmacopœia. The latter he advises to be used in the shape of a stimulating fomentation by stirring it into boiling water in the proportion of two ounces to the pint, and then applying flannels soaked in the hot mixture to the part affected. This application should be made before the patient goes to bed, and may with advantage be followed up by a linseed meal poultice. Diaphoretics in the shape of Dover's powder, full doses of the solution of acetate of ammonia, &c., are simultaneously administered. Should the pain from the first assume a severe type, or its invasion be very sudden, dry-cupping has proved of great value, applied energetically, and followed, if need be, by stimulating embrocations. In a few cases of unusual severity, the subcutaneous injection of morphia has been found to answer, either where all forms of counter-irritation had failed, or where dry-cupping was inapplicable. When the complaint has already assumed a chronic form, Dr. Duffin advocates the use of blisters. These should produce their full vesicant effect to be of service, and may be repeated if necessary;

but he does not deem that any advantage is to be derived from keeping them open. In inveterate cases, iodide of potassium and guaiacum administered internally have rendered the most undoubted service; but if the pain be strictly localized, free counter-irritation should first be tried. Neither the alkalies, as the solution of potash and the carbonates of potash and soda, nor the nitrate of potash, seem to have yielded in Dr. Duffin's hands the good results that had been anticipated; but of the value of the iodide of potassium he is able to speak with some confidence. Dr. Duffin regards these pains as really arising in the fibrous envelopes and septa of the muscles; in so far, then, the term commonly applied to them would be a misnomer. That these pains are aggravated by muscular action, or may even be exclusively induced by this, does not afford sufficient proof that they originate in the muscular substance. He further remarks that the pain seems the only bar to freedom of movement; once that is alleviated the motility of the part directly returns. In treating these cases, the chronic aches of exhausted and anæmic patients must be discriminated. These Dr. Duffin treats by the aid of ferruginous and other tonic preparations internally. He has also found great advantage from the local employment of belladonna, either in the shape of liniment, extract, or plaster.

St. Thomas's Hospital.—Cases of muscular rheumatism are very numerous amongst the out-patients of this hospital. A large proportion of them work either in the tanyards of Bermondsey or on the banks of the Thames, or in some damp and low-lying district. The affection is mostly chronic when application is made, but a too early return to work frequently induces an acute relapse. Dr. Clapton generally treats cases of acute lumbago with a mixture of sulphate of magnesia, carbonate of magnesia, and wine of colchicum, three times daily, and Dover's powder at bedtime. The patient is also directed to have the loins bathed with a sponge or flannel wrung out in very hot water; a piece of warm dry flannel being subsequently applied. In the more chronic stage, iodide of potassium, with perhaps potash and bark, internally, and belladonna plasters, are chiefly relied upon. For pleurodynia, a mixture of quinine and henbane is generally found more efficacious than colchicum, alkalies, or iodides; but if there should be febrile disturbance, citrate of potash with henbane is given before the quinine. For external use, ammonia liniment or mustard plasters are ordered. In very chronic cases the guaiacum mixture has frequently been found quickly beneficial, but in the earlier stages it is apt to induce feverishness, and even an increase of pain. Other forms of muscular rheumatism are treated according to their severity and the constitutional condition of the patients.—*Lancet*, March 14, 1868.

DOMESTIC INTELLIGENCE.

American Medical Association.—The nineteenth annual meeting will be held in Washington, D. C., on Tuesday, May 5th, 1868, at 11 o'clock. Secretaries of medical organizations are requested to report to Dr. W. B. Atkinson, Permanent Secretary, S. W. corner of Broad and Pine Streets, Philadelphia.

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Jefferson Medical College.—We learn that Dr. Robley Dunglison has resigned the chair of Physiology and the Deanship of the Faculty in this School, positions which he has long filled with great credit to himself, the entire satisfaction of successive large classes, and to the eminent advantage of the Institution. We trust he may enjoy, in his retirement, improved health, ease, and the tranquillity and comfort to which his indefatigable industry and arduous labours justly entitle him.

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Medical School of Harvard University.—At the annual commencement held on the 11th of March, the degree of M. D. was conferred on 48 candidates.

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Medical Department of the University of Nashville.—At the annual commencement held on the 26th of Feb. last the degree of M. D. was conferred on 81 candidates.

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University of Maryland.—Dr. F. Donaldson writes us that the number of matriculants in this medical school during the session 1867–8 was 172, and at the commencement held on the 5th of March, the degree of M. D. was conferred on 83 candidates.

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Missouri Medical College.—At the annual commencement held on the 28th of Feb.

last the degree of M. D. was conferred on 26 candidates.

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Medical Department of the University of Vermont, at Burlington.—Dr. Edward S. Dunster of New York has been appointed Professor of Obstetrics in this Institution.—*Med. Gaz.*, March 21st, 1868.

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University of Michigan.—We copy with mortification rather than surprise the following announcement from the *Detroit Review of Med. and Pharm*, April, 1868. Such a result might, however, have been foreseen as the natural consequence of intrusting the management of an educational institution to a political body composed, as such bodies usually are, of uneducated, prejudiced, and narrow-minded individuals.

"As our last sheet goes to press, we learn that the Board of Regents of the University have capped the climax of the folly of a foolish legislature, by establishing the Homœopathic Department, which was then authorized, as the condition for receiving the appropriation in aid of the institution. They have endeavoured to smooth over the odium which will attach to their act in the mind of all right thinking and far-seeing men, by locating the new branch at some other place than Ann Arbor, but the moral influence will be the same."

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Substitute for the Ligature.—Prof. N. R. Smith, of Baltimore, has described (*N. York Med. Gaz.*) an instrument recently devised by him for this purpose, consisting of a small silver tube with a fine annealed iron wire passed double through the tube, and projecting a loop at one extremity, in which the artery is tightly seized.

Mr. Richard Davy claims (*Brit. Med. Journ.*, March 28th), to have employed such an instrument since October, 1862; and Mr. J. H. Aveling in the same Journal, asserts that he employed the same apparatus in 1864, and demonstrated it to Sir J. Y. Simpson, April 20th, of that year. In corroboration of this, he quotes the following note from Sir James.

"I quite recollect our talk about the loops and tube. Dr. Wolfe and Dr. Taylor have published similar plans to Smith's. Dr. Smith cuts off the strangled end of the artery and leaves it in the wound—a dead septic morsel of flesh—and consequently six such decomposing bits, if six vessels are tied.

"This appears to me to be retrograding.

Yours, J. Y. Simpson."

Mr. Dawson Tait (same journal) says "the statement [made by Prof. Smith] that the action of a galvanic current will promote congelation of the blood is in opposition to the published results of the experiments of Gerhard, Hufeland, Scudamore, and Richardson."

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Eye and Ear Hospitals.—Under this caption, there is an editorial article in our respected contemporary, *The Medical Record* (April 15th, 1868), which professes to furnish a historical notice of the Institutions for the especial treatment of the Diseases of Eye and Ear, that have been established in this country. Curiously enough, what has been done in this respect in Philadelphia is entirely ignored. Doubtless this has arisen from our contemporary not having any information on the subject, and presuming he will be pleased to be enlightened in regard to it as a matter of some historical interest, we shall furnish a few facts.

The *first* "Eye and Ear Infirmary" established in this country was, as correctly stated in the Record, inaugurated by Dr. J. Kearny Rogers and Edward Delafield, in the city of New York, in 1820.

The *second* was established two years subsequently in Philadelphia, under the title of the "Pennsylvania Infirmary for Diseases of the Eye and Ear," and was opened to patients on the 15th of February, 1822. The surgeons were Drs. Geo. B. Wood, Isaac Hays, Robert E. Griffith, and John Bell. After two years' service Dr. Wood resigned, and Dr. Wm. Darrach was appointed in his place. The Legislature of the State at the session of 1825-6, gave to the Institution corporate powers. Under this charter the Infirmary continued to dispense its charities until the opening of "Wills Hospital for the Blind and Lame" on the 3d of March, 1834. This latter institution being liberally endowed and designed to fulfil nearly the same charitable objects as the former, it was thought best to allow the one to supersede the other. The first surgical staff of "Wills Hospital" consisted of Drs. Isaac Parrish, Isaac Hays, S. Littell, and Geo. Fox. This Hospital

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is still open, and dispensing its benefits to a very large number of patients suffering from diseases of the eyes. As regards size, accommodations, advantageous situation, and pecuniary means, we think we are justified in saying that this Hospital is not, up to this day, second to any other ophthalmic hospital in this country. An interesting sketch of it drawn up by Dr. Littell, may be found in the *American Journal for the Medical Sciences* for Nov. 1835. Several dispensaries for the treatment of diseases of the Eye and Ear have subsequently been opened in Philadelphia, but our purpose being mainly to show that the *second* Infirmary for Diseases of the Eye, established in this country was in Philadelphia, and that very shortly after the one in New York, we shall not devote further space to the subject.

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Obituary Record.—Died, suddenly on the 12th of March, aged 68 years, Augustus Willard, M.D., of Greene, Chenango Co., N. York.

FOREIGN INTELLIGENCE.

Experiments to determine the Effects of Quinia in Disease.—Dr. Binz communicates in a work[1] recently published the result of numerous experiments which throw a new light on some of the effects of quinia in disease. The salt used by him was not the sulphate, but the hydrochlorate of quinia, on account of the greater solubility and the neutral reaction of the latter. Some of the experiments Dr. Binz has performed in company with Dr. Herbst and Dr. Scharrenbroich, who are the authors of very interesting inaugural dissertations on the subject.

The first set of experiments relates to the action of quinia in preventing and arresting putrescence and fermentation. If to a drop of an infusion of hay containing animalcules in active movement $\frac{1}{800}$ part of quinia is added, the animalcules immediately die; the addition of $\frac{1}{2000}$ part causes their death in a few minutes; and that of $\frac{1}{20000}$ part still acts fatally within some hours. Morphia, strychnia, and creasote are in this respect much less powerful than quinia; and, amongst the non-caustic substances, the permanganate of potash alone seems to be superior to it. The punctiform monads, however, were brought much less under the influence of the alkaloid than the larger animalcules.

In order to examine the influence on the development of the lowest organisms, he experimented with infusions of the flour of various leguminous seeds exposed to light and heat; and here, again, ascertained that quinia possesses greater power to prevent the development of mould (*Penicillium glaucum*) than any of the other alkaloids, strychnia being nearest to it. Quinia had also greater power in preventing the formation of the yeast sporules in infusions of bread and meat than either common salt, sulphate of zinc, or arseniate of potash; while corrosive sublimate, however, exercised a twice greater power. The result of these experiments is quite in accordance with Gieseler's observations that quinia exercises a more antiseptic influence on sloughing wounds than either creasote or chloride of lime; and Dr. Binz points, also, to the well-known use of quinia in some forms of digestive derangements. Some instructive experiments shows that the butyric-acid fermentation of milk and the vinous fermentation can likewise be postponed and checked by the addition of quinia, and it can scarcely be doubted that this is due to its poisonous action on the lowest organisms.

Although the presence of such organisms in the blood in zymotic diseases is not proved, yet the analogy between their phenomena and those of fermentation or zymosis is generally admitted, and the beneficial action of large doses of quinia in some of them is therefore of double interest.

Another series of the author's experiments is devoted to the antiphlogistic properties of quinia. The action of this substance on the lowest forms of protozoa, especially the *Vorticella campanula*, the *Actinophrys Eichhornii*, and the *Amœba diffluens*, led him to examine its influence on the peculiar amœboid movements of the white blood-globules, when he found these movements almost instantaneously arrested by the addition of $\frac{1}{1500}$ to $\frac{1}{2000}$ part of quinia. Strychnia, veratria, atropia, and several other substances examined, are much less powerful; but conia exceeds quinia in this respect. The most practical experiments, however, relate to the influence of quinia on the inflammation of the mesentery of the frog,

[1] Experimentelle Untersuchungen über das Wesen der Chininwirkung. Von Dr. C. Binz, Bonn. Mit 1 Tafel. Berlin, 1868.

when exposed to the air, as in Cohnheim's experiment. The series of the phenomena seems to have been, in general, that the small vessels and capillaries were first dilated, that the white blood-globules increased in the external part of the stream, that the white globules were seen in active amœboid motion, and that, at a still later period, they passed through the stomata in the walls of the vessels into the surrounding tissues of the mesentery, where as pus-globules they formed, together with the plastic serum likewise escaping from the vessels, the well known exudation masses. If in this stage a subcutaneous injection of quinia were made, the white blood-globules within the vessels became diminished in quantity, changed in appearance, and ceased to pass through the walls of the vessels; the whole process of inflammation was arrested. Similar experiments, varied in many ways, had always, in the main, the result of either preventing the occurrence of inflammation, if quinia was introduced early enough, or of arresting inflammation, if it had been already set up before the injection of quinia was made.

Some experiments were devoted merely to the demonstration of the poisonous action of quinia on the white blood-globules in the living body; and this was clearly established by the local application of quinia on portions of the inflamed mesentery containing the exudated white globules (pus-corpuscles); their movements were rapidly arrested, they became round and coarsely granular, and were later transformed into shapeless heaps of granules.

A third portion of Dr. Binz's treatise contains clinical deductions, which forms one of the most interesting and suggestive contributions which we have received for many years.—*Lancet*, March 28th, 1868.

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The Treatment of Bubo —Authors often talk of the treatment of bubo without specifying the kind they mean: the simply inflammatory; the scrofulous; the bubo from absorption of soft chancre; the accidental inflammation and suppuration of the inguinal glands connected with hard chancre; the occasional enlargement of lymphatic glands in secondary syphilis, when the hard chancre has been long healed, and the first outburst of secondary symptoms has subsided. In the absence of such specification, the line of treatment advised can hardly be conscientiously tried, Even the eminent syphilographer, Diday, in his *Gaz. Méd.* of Lyons, quotes M. Danieli, who in an Italian journal, recommends when the bubo fluctuates (what kind of bubo?), a small opening, the evacuation of the matter, and the injection of a solution of sulphate of copper (one part of the salt to a hundred of water). The bubo is to be well kneaded, and the injection to be repeated after twenty-four hours. In a week all is well.

Let this be tried by all means. But will a *chancrous* bubo heal in a week simply by coming in contact with a solution of sulphate of copper? Does an actual chancre heal in so short a time with *any* solution? Occlusion will, perhaps, do something. But kneading will cause inflammation, and inflammation does not subside in a week, even with simple hydrocele, treated by injections of iodine. And what about burrowing? A good free incision holds out, after all, the best hopes, when the subsequent dressings are appropriate, and the patient's general health tolerable.—*Lancet*, March 14, 1868.

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Mechanical Obstruction of Bowels by a Wooden Plug.—Mr. R. Jeffreys records (*Lancet*, March 14, 1868) an extraordinary case of this. The subject of it was a man 49 years of age, who was suffering from a hard tumour the size of a small orange in the left iliac region with pain. Suspecting the tumour might be composed of scybala, he ordered a purgative which acted freely. The tumour however remained, and on questioning the patient more closely he confessed that to check an attack of diarrhœa he had, by the advice of a companion, plugged eight days ago his rectum. Mr. J. then having well oiled his forefinger, introduced it into the patient's rectum, but he did not until it was passed its whole length feel anything like a foreign body. "I at last," he says, "caught, however, in the hollow of the sacrum with the edge of *my* nail what I took to be *an* edge of a nail. I said: 'There is a nail here.' 'Yes,' answered the sufferer; 'I drove a nail into one end of the plug so as to be better able to pull it out!' By dint of a little manipulation I managed to hook down this nail, and then, using my finger and thumb, drew out the formidable affair. The length of the 'plug' from the head of the nail was

7 inches—*i. e.*, 5 in. of wood and 2 in. of nail. The circumference measured 5 in. in the middle, and 4½ in. at each end. The nail belongs to the class 'tenpenny,' and would measure before its insertion into the wood 3½ inches."

The patient obtained relief so soon as the plug was removed, and speedly got well.

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Odontomes.—M. Broca, the distinguished surgeon and physiologist, has just elucidated the pathology of the follicles of the teeth, the normal evolution of which had already been described in works on histology. M. Broca does not think that the deviations from this normal evolution give rise to peculiar products, but only to tumours made up of the general hypertrophy of the dental substance. These tumours, to which the author gives the name of "odontomes," present two forms: some always remain in the state of more or less soft tumours; whilst others, either wholly or in part, assume the hardness of teeth, producing shapeless, irregular dental masses, sometimes growing to a very large size. In fact, any tumour formed from one or more of the substances entering into the formation of a tooth, is due to the dentification of a soft tumour of the same form and volume which originally contained only hypertrophied odontogenic tissues. This hypertrophied tumour stands in the same connection with regard to the dentified tumour, as the normal dental bulb does to the healthy tooth.—*Lancet*, March 14, 1868.

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Uric Acid Deposits.—The question of the origin of uric acid deposits has been so long involved in obscurity that we hasten to lay before our readers a short sketch of a theory recently propounded, and which we think in entire accordance with the facts of practice and the conditions of theory. In a paper which was laid before the Royal Academy of Munich, Herr Franz Hofmann has given an explanation of the desposition of uric acid which is at once reasonable and simple. The urine, he says, may acquire a deposit of uric acid or urates on cooling, and this is said to be due either to the cooling of the secretion below the temperature of the body, or because of the presence of an excess of the uric acid. The first cause must be very rare, because the deposit does not appear till some time after the change of temperature, and because reheating does not dissolve it. The second cause he states is never present. The quantity of uric acid formed by a healthy man ranges in the day from 4 decigrammes to 2 grammes, and it never exceeds this. He has collected the urine of arthritic patients, and, seeing it full of deposit, expected to find a large proportion of uric acid, and yet a quantitative analysis proved that the quantity present was almost too small for estimation. Uric acid cannot be excreted as such by the kidneys, for it is insoluble in the urine, and in freshly voided urine it exists only in the form of urates, Scherer long ago expressed the belief that the uric acid was set free from its combinations by the action of lactic acid, which he thought was abundantly present in the fluids of the body. But Pettenkofer sought for this substance in vain, and in its stead found creatinine. Again. Baron Liebig, in his famous memoir, asserts that lactic acid is absent from urine, and demonstrates that the acid reaction of the secretion is due to the presence of acid phosphates. Herr Hofmann has observed that in neutralizing urine less and less alkali is required according as the time since voiding increases. He is therefore led to the interesting conclusion that the uric acid deposited is owing to the decomposition of the urates by the acid phosphate of soda; and he alleges that if equal quantities of solutions of these two salts be added together it will be found that uric acid will be set free by decomposition of the urate, and the liquid from having been acid will become alkaline. Under ordinary circumstances, then, the deposition of uric acid takes place subsequent to the expulsion of the urine; but should the acid phosphates of soda be in excess, the uric acid may then be precipitated before the secretion is voided, and may thus give rise to gravel and calculi. This may also occur through too great concentration of urine. The first cause operates when an excessively albuminous diet containing phosphorus is employed; the second may be brought about by violent exercise, catarrhal affections, and the diaphoresis which succeeds the inflammatory state.—*Med. Times and Gaz.*, March 28, 1868.

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Synthesis of Organic Bodies.—Two important and interesting discoveries in chemical synthesis of organic bodies have been recently announced to the Chemical Society.

One is the formation of urea from ammonia and carbonic acid by the action of heat. The other is the formation of sodic oxalate from its elements. In this case, carbon is first combined with oxygen by direct combustion, and the carbonic anhydride thus formed then made to unite with sodium disseminated through sand and heated—one molecule of sodium uniting with two molecules of carbonic anhydride, and producing one of sodic oxalate.—*British Med. Journ.*, March 28, 1868.

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Experimental Physiology in France.—M. Claude Bernard, in his eloquent "Report on the Progress of General Physiology in France" during the last quarter of a century, urges upon the authorities the giving greater facilities for the study of experimental physiology, which, in fact, is the only physiology of the future. He shows that while France may be said to have originated this branch of study under Magendie, she is now surpassed in its pursuit by the German *savants*, not from any want of the "physiological genius" requisite for its successful cultivation, but from the absence of the necessary material means.

"By its importance physiology," he says, "well deserves that interest and protection should be accorded to it, for it certainly is destined to become the science of most utility to mankind, as furnishing the scientific basis in agriculture, hygiene, medicine, etc. Physiological science is necessarily a very difficult science, exacting very complex modes of study. It requires not only similar or analogous instruments to those employed by the chemist and the physicist, but has to resort to dissections and vivisections, and needs laboratories suitable for researches on living beings. France has had the glory of giving birth to the men who have most powerfully contributed to the foundation of modern physiology, and to impel it on the brilliant career it is now pursuing. Nevertheless, it is not with us that the teaching and culture of physiology have assumed their highest development. The best conditions of its progress must be looked for elsewhere. Abroad there have long existed numerous special laboratories, well supported and provided with every necessary means of study. There investigations are multiplied, scientific evolution proceeding with a sure and rapid stride. In fact, mere ideas do not suffice in experimental science, and for their due development means of working and numerous labourers are essential."

The progress of the development of physiology, he goes on to observe, has not only been retarded by these material obstacles, but by others of scientific character. Its independent existence as a science has been tardily acknowledged, and is not even now generally admitted, so that it has been too often regarded as a mere dependence on human or comparative anatomy or a branch of general physics and chemistry. To this day "its name remains uninscribed on any of the sections of the Academy of Sciences, and its teaching has been neglected and regarded as a kind of superfœtation." Surely the time has arrived when it must be regarded even in France as a distinct science, having its own special problems and requiring its special means of study and instruction. The material obstacles which experimental physiology meets with in France are only the natural consequence of the slight scientific importance that has been accorded to it. As a proof of how the discouragement which has so long prevailed has prevented men of superior minds entering on the pursuit of physiological science, M. Bernard relates the following interesting anecdote:—

"It is now about forty years that a young physiologist arrived in Paris. In spite of his youth, he had already become known by researches in experimental physiology of the first order, and everything promised a brilliant future in the new direction of experimental physiology such as it had been conceived by Lavoisier and Laplace. But on considering the condition of the teaching of physiology as compared with that of the other sciences, and seeing how thankless a career, leading to no end, he was about to engage in, M. Dumas altered his mind and became a chemist. This was the only motive which determined him, as he has since often told me when I have asked him how he came to prefer chemistry to a science which he acquired distinction in at so early a period, and which he has always continued to like so much."

Reverting to his own personal recollections, M. Bernard recalls the times when Magendie was subjected to all kinds of difficulties and oppositions, and which he, as his assistant, had ample opportunity of

observing. His own career did not commence in a very promising manner.

"When, some twenty-five years since, I entered upon the career of experimental physiology, I found myself subjected to all the annoyances which were the fate of experiments. All that time it required to be sustained by a true love for physiology, and to possess patience and courage, often very considerable, in order to keep one's position. As soon as an experimenting physiologist was discovered he was denounced, voted as abominable by his neighbours, and subjected to the pursuits of the police."—*Med. Times and Gaz.*, March 28, 1868.

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Intolerance.—The report has reached us that through the instigation of Monseigneur Dupanloup, one of the most talented, but at the same time one of the most intolerant of the French Bishops, a petition has been addressed by some zealots to the Imperial Senate praying for the interference of Government in order to prevent the propagation of so-called materialist doctrines—viz., the teaching of some of the lecturers of the Faculty of Medicine of Paris. The names of Professors Vulpian, Axenfeld, Robin, Béhier, G. Sée, and Broca, are said to be especially designated in this act of indictment inspired by the overwakeful and narrow spirit of religious intolerance. We need only mention the fact to show the oddity of the idea and folly of the attempt. —*Lancet*, March 28th, 1868.

It seems that the students in Paris have warmly espoused the cause of their professors. The Paris correspondent of the *Med. Times and Gaz.*, under date of April 1st, writes "the Professors marked out for reprobation by the clerical party were yesterday received with rounds of applause, by a densely crowded amphitheatre. The students eagerly seized so prominent an occasion to evince their sympathy for their eminent teachers."

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Lying-in Hospital.—The profession is now pretty unanimous in its opinion as to the necessity of abolishing as much as possible the old system of lying-in hospitals. The public, too, are becoming alive to the advantages of encouraging attendance on the lying-in women amongst the poor at their own homes. At the 111th anniversary of the Royal Maternity Charity, held at the London Tavern on Tuesday last, under the presidency of Sir John Lubbock, F. R. S., it was stated that the number of deliveries during the year 1867 was 3650, and the average mortality was only one in 750 labours—a very satisfactory result. Not only in a hygienic but in a financial point of view is the advantage greatly in favour of home attendance when this is practicable.—*Lancet*, March 28th, 1868.

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The Caprice of Fashion.—The mutations of fashion in their influence upon health have frequently formed the subject of comment in our pages; but statements recently made in the *Builder* illustrate another effect of the instability of *la mode* in the paralysis of a branch of industry which it had once called into existence. In days not remote, it was the custom of our wives and daughters to protect the head by a covering more or less complete, and it was then that the straw-plait manufacture grew and flourished. But in the microscopic object which ladies are now pleased to call a bonnet (?), the quantity of material of any sort is reduced to such an infinitesimal amount that the straw-plait workers find their occupation gone. At Luton, it is said, there are upwards of five thousand women of all ages who are "three parts starving," and have mainly to be supported by the poor-rates, which have actually reached *twelve shillings in the pound.*—*Lancet*, Dec. 7, 1867.

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Obituary Record.—Died, at Leeds, England, March 15th, 1868, aged 60, Robert Gray Mayne, M.D, LL.D, author of the learned work, entitled "Expository Lexicon."

The death of Professor Pirogoff, the eminent surgeon, is, we regret to see, announced in one of our latest English Journals. It occurred under extraordinary circumstances. The Professor being at Odessa was called in consultation to a patient in a village near that city, and on his return was attacked by a gang of highwaymen. He killed two of them, while the others escaped, and he pursued his journey. On reaching his house he was seized with symptoms of cerebral congestion, and he soon afterwards expired.

STILLE'S THERAPEUTICS.—Now Ready.

THERAPEUTICS AND MATERIA MEDICA; a Systematic Treatise on the Actions and Uses of Medicinal Agents, including their description and History. By ALFRED STILLÉ, M. D., Professor of Theory and Practice of Medicine in the University of Pennsylvania, etc. Third edition, revised and enlarged. In two large and handsome octavo volumes, containing about 1700 pages; extra cloth, $10; leather, $12.

The appearance of these volumes has been delayed by the engagements of the author, and by the numerous alterations and additions which have been necessary in order that the work should adequately represent the most advanced condition of its important and extended subject. It is therefore at length presented as in every way worthy a continuance of the very remarkable favor which has exhausted two large editions within a comparatively short period. Notwithstanding a considerable increase of size, and improvement in the mechanical execution, the price has been maintained at the former very moderate rate.

A few notices of the previous impressions will show the estimation in which it is held by the leading organs of medical opinion in both hemispheres.

We have placed first on the list Dr. Stillé's great work on Therapeutics.—*Edinb. Med. Journal*, 1865.

Dr. Stillé's splendid work on Therapeutics and Materia Medica.—*London Med. Times and Gaz.*, April 8, 1865.

He makes use of all these materials with a skill and discrimination which must give his work a classical position among the text-books prepared for American students. . . . Being under the necessity of criticizing it, as though it were a French treatise on Therapeutics, our highest expression of praise is to record our regret that it is not among the manuals used in our own schools. . . Notwithstanding these little criticisms, which are rather matters of praise in an elementary work, Dr. Stillé's book deserves to be classed among the best and most practical treatises on Therapeutics. —*Translated from the Archives Générales de Médecine*, Juin, 1860.

This treatise on pharmacology is one of the largest and most comprehensive of its class. Scarcely second to Pereira's well-known work in scope and excellence, it is not excelled by Strumpf's Materia Medica in usefulness, if it is in compass. The author's aim is indeed announced to be utility, in which respect it is faithful to its American origin. . . . . These few and general statements may suffice to show that the work is one of the best and most useful of its kind, and that it is particularly to be recommended to the practising physician.—*Translated from the Vierteljahrschrift fur praktische Heilkunde*, vol. ii. 1862.

We mean that his treatise is the result of a patient, laborious, intelligent, and comprehensive research into the records of ancient and modern medicine; that it exhibits a careful collation of an immense number of facts: that it is, in short, an admirable digest of our present knowledge of Therapeutics and Materia Medica.—*Am. Journ. Med. Sciences*, July, 1860.

Also, Now Ready, Part III. of Cullerier and Bumstead's Atlas.

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*** A specimen of the Plates and letterpress will be sent free, by mail, on receipt of 25 cents.

CHAMBERS ON INDIGESTION.—New Edition.—Now Ready.

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Quotation is quite unsatisfactory; the whole volume will be read with deep interest by every physician; it treats upon subjects which constantly demand attention from the practitioner, and thus may be called of the greatest practical value. —*Buffalo Med. and Surg. Journal*, May, 1867.

There is no doubt that practitioners will gain much information from the careful array of cases so beautifully and so clearly conducused and epitomized.—*N. O. Med. and Surg. Journ.*, May, '67.

Associate with this the rare facility which Dr. Chambers has of infusiug an enthusiasm in his subject, and we have in this little work all the elements which make it a model of its sort. We have perused it carefully; have studied every page; our interest in the subject has been intensified as we proceeded, and we are enabled to lay it down with unqualified praise.—*N. Y. Med. Record*, April 15, 1867.

This is one of the most valuable works which it has ever been our good fortune to receive.—*London Med. Mirror*, Feb. 1867.

HENRY C. LEA—Philadelphia.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on the Avoidance of Amputation in Certain Cases of Severe Injury. By JONATHAN HUTCHINSON, F. R. C. S., Surgeon to the London Hospital and Lecturer on Surgery.

GENTLEMEN: Cases in which important operations have been recommended and not performed, are always of great importance in their teaching, as regards the management of others which may occur in the future. This remark especially applies to those in which the amputation of a limb or the excision of a large joint has been the measure in prospect. To some of these I now invite your attention.

In November, 1865, we admitted a young man named Piggott, a railway porter, who had had his right foot crushed by the fall of a piece of timber. Both tibia and fibula were fractured, the tibia being much comminuted. Synovia escaped freely from a wound on the outer side of the ankle-joint. There were several other wounds, and the soft parts were very much bruised. The foot was somewhat twisted, but the displacement was not very great. You will see then that we had to deal with one of the most serious forms of compound fracture of the leg, that, namely, in which the ankle-joint is also involved. We decided, however, considering the man's youth and his good health, to attempt to save the limb. The wounds were covered with lint soaked in blood, and with collodion applied over it.

Inflammation of the cellular tissue of the limb and of the ankle-joint followed. We were obliged to remove the dressings within a day or two, and during the next two months we had to encounter that condition of diffuse suppuration of all the parts involved, which so often either necessitates a

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secondary amputation or causes the patient's death. Several times during this period the propriety of amputation was discussed, and that measure was almost decided upon. On one occasion in consultation with Mr. Adams, we both agreed that it would be necessary, but decided to wait a few days in the hope that the man might be in a more favourable condition. Meanwhile, we continued the usual measures of treatment, free incisions wherever abscesses presented themselves, a poultice to the part, and as good a diet as the man could take. Mr. Colquhoun, the dresser of the case, was indefatigable in his attention to it, and to his care I have no doubt that the ultimate result was to a large extent due.

By slow degrees the condition of things improved. The accident was on Nov. 7th, and a month later he was able to eat well, and was in every respect gaining ground. His pulse was still, however, upwards of 120. During the early part of January I removed several considerable fragments of bone, which had become loose, and on March 15th, another large portion was taken away. On the 12th of April, just four months after his admission, he was able to leave the hospital and return to the country. A year later he came to me to show his leg, and I will now give you the particulars of his present condition.

April 2, 1867.—*Present condition.*—He is in good health and with a thick-heeled boot walks fairly. He can walk two miles or more at a time, and has no pain in the leg. It is soundly healed and has been so for some months. There is some deformity, the foot and lower portions of the bones of the leg being displaced outwards, and the lower end of the upper fragment of the tibia projecting beneath the skin. His heel is about an inch and a half from the ground. I think the ankle-joint is stiff, but he has some motion in the tarsus, which might easily be supposed to be at the joint itself.

Not only is the limb now very useful, but there is every reason to believe that it will improve as time passes.

Our next case for mention is that of a man whom most of you will remember in one of the attic wards about a year ago. He was long under treatment, and at one time his arm looked almost hopeless as regards recovery.

Joseph Shephard, aged 51, a labourer from Enfield, was admitted on the 6th of November, 1865, having had his right arm crushed under the wheel of a loaded wagon. The humerus was broken at its middle, and the soft parts were severely lacerated and contused. General inflammation of the limb followed, with extensive sloughing of the skin. Splints were out of the question, and we had to manage the fracture as well as we could, suspending the limb from a cradle. The upper fragment was much displaced outwards, and to secure apposition the limb had to be carried out at right angles with the body. Mr. Colquhoun, the dresser of the case, paid it great attention. For some time I was afraid that we should be compelled to amputate, and next when things had improved somewhat there seemed much reason to fear non-union. After the bones stiffened somewhat, erysipelas occurred, and they became quite loose again. The poor fellow was confined to bed from November 6th to May 6th, and when, at the latter date, we sent him home he was but just able to get up. The fracture was not firm, and the wounds had scarcely healed.

A year later I wrote to him to come up for inspection, and was much pleased to find him in good health, and with a very useful arm. The fracture is now quite firm, and there is but little overlapping. In consequence of the extensive sloughing of cellular tissue, suppuration, &c., the muscles are glued down, and their motions much impeded, but the limb is still very useful to him.

Of late years I have performed exceedingly few amputations for injuries, and only when the indications have been such as to leave not the slightest doubt. The difference in risk to life between a compound fracture of the severest kind and a primary amputation seems to be very little indeed. I do not think that you diminish the liability to pyæmia at all by amputating, and this is by far the chief danger in both. Nor has the result of my experience on the whole been favourable to the performance of secondary amputations when resorted to because the patient was doing badly. I have done many such, in the hope that removal of the source of irritation would enable the system to rally, but very rarely have I met with a good result. On the other hand, of the cases which seemed hopeless, but in which for one reason or another I resolved not to amputate, every now and then one

has unexpectedly pulled through. My impression is then that we ought to regard the state of the patient's health but little in deciding on this point. If he is bearing a compound fracture badly, you may infer that he will be very likely to succumb if the shock of an amputation be added. Sometimes you hear remarks made as if the loss of the limb were the only question, and as if, would the patient consent to this, the saving of his life were a certainty. In practice, however, the cases are very few in which it is really a question of life or limb, much more usually life and limb stand or fall together. One feels inclined when looking at a compound fracture which is doing badly to reason respecting amputation, much as Macbeth did as to the murder, and to say, taking a slight liberty with the text:—

"If he were well when 't were done, then 't were well
It were done quickly: If," &c. &c.

In thus urging you to decline for the most part the performance of secondary amputation, and to let your patient take his chance with his limb on, I do not include cases of traumatic gangrene. In most of these it is necessary to amputate as soon as the real nature of the process is clearly shown. Nor do I wish to be boastful as to the limbs we save in these "triumphs of conservative surgery." Very often the limb is so much damaged as to be of but little use, and now and then the patient may request its removal after he has recovered, and when the final result as regards both limb and life is evident. Still in all these life has been saved, and, in most of them, the limb is a source of satisfaction, and of some degree of use.

If, then, you ask me to summarize the principal points in which the impressions I have obtained from experience differ from those with which I began the practice of surgery, I would say briefly: 1st. That I have come to think less highly of amputation as a means of saving the patient's system from irritation and exhaustion. When I have to decide as to a primary amputation I think more of the possibility of local reparation, and much less of what may ensue to the patient's system during that repair. If it is manifest that the limb can never be repaired, cut it off at once, but if there is a bare chance, then leave it on without thinking much of the effect of the suppuration on the patient's strength. A compound fracture is very dangerous, but a primary amputation of a large limb is scarcely less so. 2dly. As to secondary amputations I would adopt nearly the same rule, that is, to estimate the local conditions, and to almost disregard the constitutional ones. If the limb has become absolutely hopeless, remove it, carefully selecting the proper time, and the later in reason usually the better. If, however, the limb is not hopeless, and the patient's constitutional symptoms are those which have led you to think of relieving him by amputation from "the source of exhaustion and irritation," then resist the temptation. Under such circumstances your patients are in the utmost danger whatever you do, but I think that in the long run they will do a little worse if you amputate than if you decline to. I speak of course only of the general rule. I know that there are exceptions, such, for instance, as when in addition to the original fracture, a large joint has recently become involved, and threatens to add its quota to the general disturbance. 3dly. As to the time for secondary amputations. Wait till suppuration is fully established, and the inflammatory fever has subsided. When this is the case, when the wound is granulating, and the patient eating well, you may amputate with great safety. It is astonishing what patients will bear in the way of suppuration from large wounds, provided no specific pyæmia has set in. Indeed, if once free suppuration has been established without the occurrence of rigors or other pyæmic symptoms, it is very rare for the patient to sink, however hopeless may be the local condition as regards final repair. A good example of this we recently had in the case of an old woman (upwards of 70), whose left arm had been so extensively injured that the skin of almost the whole extremity was destroyed. She remained for weeks exceedingly low, with dry tongue and quick pulse. The arm was clearly beyond possibility of reparation. At length the wound granulated, and she began to improve and to take food well. Convinced now from her own inspection of her limb that it could never heal, she at length reluctantly consented to amputation. This I did just below the shoulder-joint, and she recovered quickly. Had the operation been done earlier, it is my conviction that she would have died. A few months ago I saw a young gentleman at the Reed-

ham Orphans' Home, who had had his left foot crushed in the cogged wheel of a steam engine. Dr. Rose, with whom I had attended him, had been convinced from the first that the limb could not be saved. The ankle-joint was opened, the astragalus broken, the tarsal epiphysis of the tibia torn off, besides most extensive damage to the soft parts. Four days had elapsed from the date of the accident when I first saw him. He was feverish, and had a quick pulse, and the wound was scarcely beginning to discharge. I advised to wait, and he waited ten days longer. Suppuration was then profuse, and the wound very large, the tendo-Achillis and a strip of skin were the only structures which remained entire. But in spite of the discharge the boy's state had much improved, and we now amputated with, I believe, very much less risk than would have been incurred at any previous time. He did well. Two more cases, and I have done. One of them is an unsuccessful one, but I shall still in it try to justify the line of practice I pursued. One evening, about a year ago, an elderly man, very drunk, was carried in, who had been knocked down in the street, and had the wheel of a cart over his right shoulder. It did not look to be much damaged, but on examination we found the clavicle broken, and the scapula comminuted, whilst the arm was dragged so far away from the side that the fragments of the clavicle did not touch. The only wound of the skin was a hole large enough to admit two fingers in the middle of the axilla. Having passed my finger into this, I found that it entered a very large cavity, that the great pectoral muscle was torn across, and that the axillary artery suddenly ceased to pulsate about the middle of its course. There was no hemorrhage going on, and I believe there had been but little. The limb was cool. Having diagnosed laceration of the axillary artery in addition to the other injuries, I believe that my house-surgeon and dressers were all of opinion that primary amputation at the shoulder-joint was the proper measure. I preferred, however, to try to save the limb, inasmuch as no one of the lesions was necessarily destructive to its integrity, and that the whole combined might perhaps prove quite as little serious to the patient's chance of recovery as an amputation which must remove not only the arm, but the entire shoulder as well. The laceration of the artery, although it endangered did not necessitate gangrene of the limb. We had the limb wrapped in cotton-wool, and placed close to the trunk. With extreme rapidity the whole of the damaged member passed into gangrene, and the man died on the third day. You will observe that he was a drunken man, of unsound constitution. Now, although the result of trying to save was unfortunate in this case, I am very doubtful whether amputation would have done any better, or, which is the better way of putting it, whether if two half-dozens of parallel cases were treated, the one set by amputation, and the other without, the balance would not be on the side of the latter.

"My last case is one still in the wards. A dissolute woman, pale, stout, and flabby, whilst drunk, fell out of a window, and was afterwards brought here with a severe compound fracture of both bones of the right leg in the lower third. The skin was most extensively torn, the laceration almost meeting in front. The bones were comminuted, and the muscles contused. She was in a very bad state for an operation, having lost much blood, and being collapsed, in addition to intoxication. I decided to venture to try to save it, and taking advantage of the fact that the wound surrounded the back of the limb, I put it up at once in plaster of Paris, leaving the wound exposed. We kept the plaster of Paris on for some six weeks, the limb being swung. Contrary, I believe, to the expectations of all, the woman rallied slowly, and improved in health. The fracture is now united, although the wound is not wholly healed. In this case, it is my impression that primary amputation instead of increasing would have diminished her chance.—*Med. Press and Circular*, April 8th, 1868.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.— The Association held its nineteenth annual meeting in Washington, D. C., on the 5th, 6th, 7th, and 8th of May. The usual number of reports and essays were read and some other business transacted, a summary of which we hope to lay before our readers in our next number. Dr. Wm. O. Baldwin, of Montgomery, Ala., was elected president for the ensuing year, and it was decided to

hold the next annual meeting in the city of New Orleans, La.

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Missouri State Medical Association.—This Society met in St. Louis on the 2d of April, effected a reorganization, and adopted a constitution and by-laws. A number of papers were read by the members.

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St. Louis Medical College.—At the annual commencement on the 2d of March last, the degree of M. D. was conferred on 46 candidates.

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Chicago Medical College.—At the annual commencement on the third of March last the degree of M. D. was conferred on 45 candidates.

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Pennsylvania College of Dental Surgery.—At the annual commencement of this school, February 29th, 1868, the degree of D. D. S. was conferred on 31 candidates. In the Demonstrator's report it was stated that 3968 patients were attended to at the Clinic, 2759 operations were performed for different forms of dental disease, and 157 patients were supplied with artificial dentures.

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A New and Improved Operating Theatre has been erected during the past year by the Trustees of the Massachusetts General Hospital, calculated to accommodate nearly four hundred persons, at an expense of fifty thousand dollars.

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Champagne from Petroleum.—It is no longer a secret of the chemist's laboratory that clear golden syrups can be made from starch and sulphuric acid; that delicious wines and brandies can be made from beet-root; that a barrel of peanuts can be transformed into excellent coffee; that lard can absorb an enormous quantity of water in certain conditions; that, in fact, there seems no limit to the adulterations that an intelligent and dishonest chemist can practise upon his fellow men. All these marvels of chemical science have in these latter days become degraded into mere tricks of trade, and their chief beauty is in their capacity to enable unscrupulous dealers to lighten the pockets and destroy the stomachs of the confiding and consuming public. Concerning the article of champagne, a writer in the *Cincinnati Journal of Commerce* tells us that it is made from a thousand different substances—even from refined petroleum. Yes, from the fiery benzole a sparkling, bubbling, foaming champagne can be produced which will delight the eye, tickle the palate, gladden the heart momentarily—but quicken our paces toward the graveyard. This is a new use for petroleum, which those who have been experimenting with it as an agency for generating steam have little dreamed of. Who can say that the Pennsylvania oil territory, now considered mostly worthless, may not some day be regenerated into the great champagne-producing country of the world?—*Brit. Med. Journal*, April 11, 1868.

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A Sensible Legislature.—The legislature of Wisconsin is said to have passed a liberal law legalizing dissections, and also to prevent quacks from giving testimony in court on medical matters and from collecting fees. We commend this to the consideration of the *solons* of the Michigan legislature.

FOREIGN INTELLIGENCE.

Death from Chloroform.—An inquest was lately held at Liverpool on the body of Charles Rollason, 46 years of age, mate of the ship *Countess of Sefton* Deceased, being unwell, went to the Northern Hospital, where chloroform was administered by Mr. Frederick Lowndes, in the presence of Drs. Bradley and Henry Lowndes. As soon as the deceased became fully insensible it was noticed that his breathing had stopped. The usual remedies were applied, but without avail. Dr. Bradley stated that the amount of chloroform administered was less than usual, as he had examined the deceased, and suspected that his heart was fatty. A *post mortem* examination showed that the deceased died of syncope. The immediate cause of death was the administration of chloroform. Verdict, "Died under the influence of chloroform rightly and skilfully administered."—*British Medical Journ.*, May 9, 1868.

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Cholera Fungus.—Amongst other things brought before the Pathological Society at its last meeting was a report by Dr. Sanderson and Mr. Hulke on Thomé's specimen of the cholera fungus. The growth, which was taken from vomited and alvine matter, had been cultivated for seven days on a

lemon. It consisted of spheroidal corpuscles $\frac{1}{4300}$ of an inch in diameter, cylindrical bodies $\frac{1}{2300}$ in. long and $\frac{1}{3000}$ in. wide, and mycelial filaments, an early stage of some higher form. The interesting feature about the report is the conclusion that the spheroidal bodies, identical with the micrococci of Hallier, are produced in the cavities of the cyst-like bodies described by Dr. Budd in 1849. Indeed, Hallier confirms the truth of Dr. Budd's observations. Hallier believes Thomé's fungus to be analogous to the oidium lactis of Fresenius, of which penicillium and achyla are varieties. Hence the starting-point of the cholera fungus is the cyst-like body of Budd; the final development, the penicillium.—*Lancet*, May 2, 1868.

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Inoculation of Tubercle.—Tuesday evening at the Pathological Society was signalized by one of the most valuable communications to which we have ever listened, made by Dr. Burdon Sanderson, and giving an account of the results of his experiments conducted during many months past on the inoculability of tubercle. Our readers will probably remember that we gave them an account of what had been done in this way some months ago, but since that time several important advances have been made. Even then it had been proved that substances other than tubercle had been found capable of giving rise to caseous matter in the lungs and other organs; but since that date Lebert has distinctly shown that such deposits can be produced by inorganic substances introduced beneath the skins of rodent animals. Now, Dr. Burdon Sanderson has gone a step further, and shown that simple mechanical irritation—such as that of a seton—is capable of producing similar effects. To give rise to internal deposits of a tuberculous kind in this way, it is necessary that the irritation be not too strong, otherwise the animal might die too soon; nor too weak, for it is necessary that it should last about a week. To produce the peculiar deposits, it is in all cases necessary that a certain amount of local induration and suppuration should take place at the spot where the irritation has been induced, which in turn are followed by secondary abscesses and indurations in their neighbourhood. In the walls of these abscesses may be traced all varieties of structures, from the spherical corpuscles of the pyogenic membrane to the fibres of the subcutaneous connective tissue. Bands of induration run between the abscesses. The surrounding lymphatics are next invaded. They become subject to a hyperplasia ending in caseous degeneration, with cretification or softening. Internally the organs specially affected are the lungs, liver, spleen, and peritoneum. the meninges being strangely excepted. In the lungs are formed the well-known iron-gray nodules, consisting partly of new deposit, partly of modified lung tissue, the whole being infiltrated with pigment. The liver, again, in the guinea-pig becomes enormously enlarged, but in shape resembling the cirrhosed organ, and contains two structures—the ordinary glandular textures around the hepatic veins, and a new deposit surrounding the portal vein and bile ducts. This consists of a structureless stroma, with loculi containing nuclei, and presenting an aspect identical with that of the lymphatic glands, so that Dr. B. Sanderson proposed for it the name of adenoid tissue. The spleen also becomes enlarged by the formation of deposits similar to those in the liver, whilst surrounding the walls of the larger mesenteric arteries are seen little deposits of the same character. It is impossible to overrate the value of Dr. Sanderson's painstaking inquiries. He is not a man to be led away by a desire for mere notoriety, and to propound his doctrines before they have been fully and carefully verified.—*Med. Times and Gazette*, April 11, 1868.

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Origin of Cancer.—The question of the origin of cancer has long been a disputed, and must always prove an interesting subject of inquiry. Virchow, with many recent foreign observers, as Weber, Förster, Rindfleisch, Billroth, and Klebs, considers that it originates in the multiplication and abnormal development of the connective-tissue corpuscles. In an essay contained in the current volume of *Virchow's Archives*, Professor Waldeyer, of Breslau, supports another view already partially developed by Cornil and others, to the effect that whilst in every case of cancer there is unquestionably an hypertrophy of the connective tissue, the disease essentially results from the proliferation of the epithelial cells lining the acini, follicles, or tubules of the organ affected. On examining a case of cancer, as

it appears in one of its most common sites, the breast or the stomach, it will soon be found that, variable as are the appearances presented to the naked eye, the microscopic characters of the tumour are nearly the same in all. In the case of the breast, the fat, as a general rule, has nearly disappeared, whilst the connective tissue between the lobuli is increased in quantity. The acini of the mammary gland, where they still retain their normal characters, are round on section, and are lined by sub-cylindrical, finely-granular nucleated cells, free from fat drops; but in the parts adjoining the scirrhous mass two remarkable features are presented —first, an hypertrophy of the *intra*-lobular connective tissue, in the meshes of which are contained a large number of small rounded cells; and secondly, an extraordinary development of epithelial cells in the interior of the acini themselves. The hypertrophy of the inter-lobular connective tissue precedes that of the intra-lobular, or, as Waldeyer terms it, the peri-acinous connective tissue and cell-growth; but contemporaneously with the development of the latter, the acini become elongated and dilated, present lateral projections, and are filled with large cells that clearly proceed from the pre-existing epithelial cells, which line their interior. Nearer the centre of the diseased mass the epithelial hypertrophy preponderates over the peri-acinous cell-growth. The basement membrane of the acini, at first very distinct, soon disappears, and with it the characteristic features of scirrhus become conspicuous. Irregular roundish masses of epithelial cells are now found to fill up the alveoli of the connective tissue constituting the so-called "carcinomatous bodies" of Waldeyer. No vessels ever develop in these accumulations, and the cells which compose them are distinguished from those of the surrounding connective tissue by their greater size, their larger nuclei, and the more granular character of the protoplasm in their interior. On the other hand, the cells of the peri-acinous connective tissue are small, round, often giving off fine and long processes, or presenting a decided lymphoid character. No intermediate forms are ever seen between these two kinds of cell-growth. Sometimes, however, instead of being contained in the acini, the epithelial cells appear to escape into the lymph-spaces of the gland, and may in this way be carried by the lymph-current to distant organs. Where the epithelial cell-growth is greatly in excess, medullary sarcoma is the result; where the hypertrophy of the connective tissue is out of all proportion to the epithelial proliferation, scirrhus or carcinoma fibrosum appears; and when both are developed in nearly equal proportions, we obtain the carcinoma simplex or fibroso-medullare. Regressive metamorphosis of the cells may frequently be observed, and fatty degeneration is, perhaps, the most common in those of the mammary gland. The characters of scirrhus, as it occurs in the stomach, are in all respects closely analogous to the description just given. Waldeyer has not had an opportunity of following the early stages of the development of cancer in the liver, but the deficiency is supplied by the observations of Naunyn, who has clearly shown that its origin is to be referred to the epithelial lining of the smallest bile-ducts. In the kidneys, near the cancerous masses, the interstitial connective tissue is found to be hypertrophied, the urinary tubules and Bowman's capsules enlarged and blocked up with large darkly-granular cells, whilst nearer the centre of the masses are only groups of epithelial cells which assume a lively red colour with carmine, a kind of alveolar network of connective tissue, and indications of tubercle in a state of fatty degeneration. Again, in cancer of the uterus, the seat of origin is invariably the glandular layer, and his observations on the epithelial cancer of the skin are quite in accordance with the above-mentioned views. The occurrence of carcinoma in the lymphatic glands, in the bones, the spleen, the vessels, and other organs, into which the two epithelial layers of the germinal vesicle never enter, were it true, would be a serious objection to Waldeyer's views; but, in the first place, though he has seen and examined many cases which had been diagnosed as carcinoma of these parts, they always turned out to be sarcoma, or pure connective-tissue tumours, and, for the most part, mixed forms of round and spindle-celled sarcoma. And, secondly, even supposing it to occur in these organs, it is possible to account for it by admitting the accidental entrance and passage of the cancer-cells along the blood-vessels or lymphatics till they arrive at a locality fit for their further development. He thinks the idea of a general dyscrasia, except in the above limited sense, wholly

unjustified by our present knowledge. Waldeyer remarks, with perfect truth, that the idea of being able to establish the malignity or innocency of a tumour from a mere microscopical examination must be given up; since the malignity of a tumour depends not alone on its anatomical structure, but upon very many other conditions —as its locality, and the general condition of the patient. In one instance a particular form of tumour shall remain perfectly innocent; in another, a tumour with the very same anatomical elements shall give every evidence of intense malignity. — *Lancet*, May 2, 1868.

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Twisting Ends of Arteries.—The practice of twisting the divided ends of the arteries, instead of applying ligatures, has lately been tried by Professor Humphry after all his operations, in Addenbrooke's Hospital, Cambridge, and with good result. There has been no subsequent bleeding in any case; and the wounds have, he thinks, on the whole, healed better than they would have done with the ligatures. The popliteal is among the arteries which have been thus secured, and the femoral, in two instances, after amputation in the thigh.— *Lancet*, May 9, 1868.

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Difficulty in the Diagnosis of Insanity.— M. Olivier gives an amusing illustration of this. A Brussels magistrate received letters in which it was stated that all the so-called insane shut up in a certain madhouse had not lost their reason, some of them being the victims of the most odious machinations. Another letter, containing the most touching appeal, induced the magistrate at once to repair to the asylum and insist upon an inspection of its inmates. The director took him to all of them one after another, without anything justifying the denunciations turning up. At last he arrived at the room of an old officer, who was said to have been mad for years. He received his visitor with all the ease of a man of the world, conversed with him with entire good sense, declaring that he was nowise mad, and that he was only so confined out of revenge. So clear were all his explanations that the magistrate, struck with their lucidity, promised to have his case at once looked into and justice done him. "You will save more than my life," replied the officer, accompanying his visitor through the garden to his carriage. The magistrate repeated his promises while placing his foot on the carriage step, his aldermanic proportions forcing him to bend down to enter the vehicle. All at once he felt a smart blow on that delicate part of the body which the shortness of the present garments exposes; and, turning suddenly round, he found the officer, laughing ready to burst, in the arms of two keepers. "Why did you strike me, sir?" he exclaimed. "Oh, I'll tell you," replied the lunatic, scarcely able to contain himself; "I can never see such a fine place without being seized with the wish to put my foot on it." —*Med. Times and Gazette*, April, 11, 1868, from *Presse Belge*.

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Protoxide of Nitrogen as an Anæsthetic. —Much interest has recently been excited in London by the introduction of protoxide of nitrogen as an anæsthetic agent, which has for the most part been due to the efforts of Dr. Thomas Evans, of Paris, who has recently made a visit to the metropolis for the express purpose of enlisting popular opinion on its behalf. We have hitherto abstained from saying anything on the subject, as the minds of the medical public might not be prepared to receive a perfectly unbiassed but somewhat adverse estimate of the value of the gas as an anæsthetic, but we now consider it our duty to lay certain facts before them which will tend to put matters in a true light. In the first place, then, the use of nitrous oxide as an anæsthetic is not a new discovery. When, owing to the brilliant series of discoveries made by Davy and others, pneumatic chemistry was in its greatest glory, the treatment of disease by the inhalation of different gases was a favourite scheme. Davy discovered the peculiar exhilarating effects of nitrous oxide, and the notion of using it as an anæsthetic was straightway formed. Again and again it was tried in this way at home and abroad, but repeated trials only seemed to render its inapplicability more decided, and we have heard little of it until news of its resuscitation, chiefly in dental practice, reached us from America. The success of the new attempt seemed to depend on the fact that no air was inhaled along with the gas, and that thus its peculiar stimulating effects were in great measure prevented. Preparatory, however, to entering on a discussion as to the special

merits and demerits of protoxide of nitrogen as an anæsthetic, a few words on its chemical history may not be out of place.

Nitrous oxide, then, or protoxide of nitrogen (N_2O), is a gas having exactly the same specific gravity as carbonic anhydride (carbonic acid CO_2)—1.52—and of course the same relative weight. It may be prepared in a variety of ways—cheaply by the action of zinc on nitric acid, strengthened by sulphuric acid; more expensively, but in a purer form, by heating the nitrate of ammonia, although even in this way the gas may be contaminated by the presence of other oxygen compounds of nitrogen, or by chlorine compounds resulting from inequalities of temperature during the process of preparation or impurities in the salt. Its taste is pleasantly sweetish, and its chemical properties are almost identical, although somewhat lower in degree, with those of oxygen. One notable exception is its solubility in cold water, which is much greater than that of oxygen, for hot water does not take up so much of the gas as that at a low temperature. These facts are necessary to a true understanding of its effects.

To prepare protoxide of nitrogen for inhalation, then, great care must be taken to preserve its purity; consequently it becomes important to maintain, as nearly as possible, an equal temperature during the process of its manufacture, and, should any nitric oxide be formed, to deoxidize or remove it, which is best done by a solution of ferrous sulphate (sulphate of the protoxide of iron), and washing in water. From what we have said, this washing in water, and keeping the gas for any length of time over water, must be attended with great loss, as much of the gas is thereby absorbed. This may be, to a great extent, avoided by employing water at an elevated temperature, or a strong solution of common salt for the same purpose. When about to be inhaled as an anæsthetic, great care must be taken that no oxygen or air become mixed with the protoxide; otherwise the peculiar effects described by Sir Humphry Davy are observed instead of anæsthesia.

Let us now consider how the gas produces anæsthesia. And here we must confess our indebtedness to some most admirable remarks made at the Medical Society of London on Monday night by Dr. Richardson. When protoxide of nitrogen is inhaled instead of air, there are no longer two gases of very different densities on either side of the pulmonary capillaries, the one in the air-cells of the lung, the other in the blood. Consequently, seeing that nitrous oxide and carbonic acid, having the same density and the same diffusibility, will not change places,[1] carbonic acid will become accumulated in the system to an enormous extent. The small amount of protoxide of nitrogen absorbed having chemical properties almost identical with those of oxygen will, we may suppose—although on this point opinions are divided—hasten the production of carbonic acid, and, consequently, its accumulation. No wonder, then, that anæsthesia, or rather apnœa, rapidly follows. It cannot be too widely understood that protoxide of nitrogen is not *an anæsthetic* in the true sense of the word, but an *asphyxiating agent; that its effects are identical with those of poisoning by carbonic acid gas.* The physical properties of protoxide of nitrogen are those of carbonic acid; its chemical, those of oxygen; and hence it is that it produces anæsthesia. Many men are apt to found their conceptions of poisoning by carbonic acid on the descriptions given of death caused by the fumes of burning charcoal. This is an error. The poisonous agent produced by burning charcoal is really carbonic oxide; the effects observed are characteristic of this gas, and differ essentially from those of carbonic acid. Death from carbonic acid may occur as from the choke damp of coal mines, or the after damp which follows an explosion of fire-damp; or, as has sometimes happened, by men entering brewers' vats before they had been properly ventilated. Thus death may occur as speedily as it does when any small animal is made to inhale protoxide of nitrogen; for that death does so result has been unmistakably proved by Drs. Richardson and Ludimar Herman (see Reichert and Du Bois' *Archiv* for 1864, pp. 521 *et seq.*), the great workers on the subject. Were an animal made to inhale pure hydrogen or nitrogen gas, capable of no vitalizing action

[1] [The writer of this article has entirely misunderstood Dr. Richardson's statement. Dr. R. remarked "that as gases of the same density diffused equally, carbonic acid gas would diffuse into nitrous oxide at the same rate as it would diffuse into itself. The density of the two gases being equal, diffusion would be equal." There are, however, other circumstances to be taken into consideration, which we have not now time to discuss.—Ed. Med. News.]

on the blood, the same results would follow, but in a longer time; for the densities of the gases being smaller than that of carbonic acid, the latter would diffuse outwards, but no oxygen would pass inwards, and consequently the vital processes must ultimately be arrested.

These facts serve to explain the intense lividity of the face of a patient under the influence of nitrous oxide, the dark colour of the blood which flows from any wound made by the surgeon, the slow pulsation and almost complete arrest of the heart's action, as well as the speedy recovery when the gas is no longer inhaled; for, owing to the great quantity of carbonic acid in the blood, it will tend to diffuse rapidly outwards. Hence, also, the great danger of giving protoxide of nitrogen to a patient who has diseased lungs, either the result of pulmonary or cardiac affection, as the intense congestion produced by the gas may give rise to severe subsequent hemorrhage. It will also be seen that the gas cannot be administered to every individual to the production of anæsthesia without great risk of inducing fatal apnœa. This fact will ever be a great bar to its general employment. Nevertheless, Marion Sims speaks of operating on a patient under its influence, when the operation lasted twenty minutes. We can scarcely understand how this could have been, except the mouthpiece of the inhaler had been repeatedly withdrawn during that period. If nitrous oxide is to take its place as a regular anæsthetic, it must be, for the most part, in operations of short duration, as in dentistry, and some branches of ophthalmic surgery. Some of our leading men in these departments already speak highly of it, especially as being followed by no evil subsequent effects, but our experience is hardly so extended as to lead us to accept it without hesitation. For certain surgical operations where complete muscular relaxation is indispensable, nitrous oxide is valueless, and will never take the place of chloroform.

We have made these observations in a calm and temperate spirit. We are very far from being opposed to the introduction of anything likely to benefit our fellow-men, but we have considered it our duty to lay before them the true action of protoxide of nitrogen, that, should they be inclined to adopt it, they may not do so with ignorant rashness. It is an edged tool not to be wantonly tampered with.—*Med. Times and Gaz.*, April 18, 1868.

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Fatal Hemorrhage after Extraction of a Tooth.—Dr. Schunemann relates an interesting example of this occurrence. Its rarity may be judged of by the fact that it is the only case that has occurred among 9442 tooth extractions performed in the Brunswick Hospital during 1859–66. A molar tooth was easily removed from the jaw of a tailor, 21 years of age, on account of caries. The bleeding, without being great, persisted in spite of astringents, and it was then stated that he, as well as his father and brother, were subjects of hemorrhagic diathesis. In the course of the night, severe bleeding came on, and he was brought to the hospital in an anæmic state, being scarcely conscious and his pulse hardly perceptible. The bleeding still continued, but was at last arrested by a conical cork plug. He was sufficiently recovered at the end of four days to leave the hospital, but having removed the plug next day, profuse bleeding came on again, and it could only be arrested after several applications of the actual cautery. His strength was reduced to the lowest ebb, but by the aid of stimuli he was rallied. At the end of three days, in spite of all warning, he again removed the plug, and the bleeding again recurred, and was arrested at the end of several hours by plugging and cautery. However, the patient's strength was too far gone to rally this time, and he died on the day week that the tooth had been extracted. The autopsy threw no light on the cause of the bleeding.—*Med. Times and Gaz.*, from *Virchow's Archiv.*

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Cause of the Inability of Salt-water Fish to live in Fresh Water, and of Fresh-water Fish to live in Salt Water.—Prof. Bert, of Bordeaux, communicated lately to the Paris Biological Society some of the results of an investigation he is engaged in. Almost all salt-water fish, and especially those which range over great distances, die rapidly on being placed in fresh water, while most fresh-water fish speedily perish when placed in salt water. This is the case not only with fish, but also with crustacea and mollusca, etc. It is true that when the transition is brought about slowly and gradually remarkable examples of tolerance may be observed. This is the case in a

state of nature with regard to the salmon, eel, lamprey, and others, while Beudant and other experimenters have exhibited still more remarkable examples of such tolerance. But in the cases of rapid death to what is this death due? Most probably to the difference in osmotic power between salt and fresh water—a difference which in fish with a uniform surface operates upon the entire body, and on those protected by a cuirass acts especially on the respiratory membranes.

The density of a liquid being generally proportionate to its osmotic power, Prof. Bert has sought, in simply increasing the density of fresh water, by the addition of an inoffensive substance, until it equalled the density of sea water, to ascertain whether it would become less dangerous to salt-water fish. To this end he employed sugar, for solutions of glycerine and especially of gum, made of the necessary strength, rapidly killed the fish. The following are the mean results of a series of experiments: The *Sparus mendola*, placed in vases of the same capacity, died in 86 minutes in fresh water, and in 153 minutes in sugared water. Mullets died in 44 minutes in the one and in 68 in the other. So that, at all events for these descriptions of fish, the action of density is obvious, although it is extremely probable that it is only one of the factors of osmotic power. The Professor hopes to continue his investigations under the auspices of the Scientific Society of Arrachon, which is about to place at the disposal of naturalists aquaria, basins, and laboratories. — *Med. Times and Gaz.*, April 18, 1868.

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Simple Synthesis of Urea. — Professor Kolbe, of Leipzig, who is at present in London, described at the last meeting of the Chemical Society an interesting and wonderfully simple process for the synthesis of urea. All chemists know that each molecule of carbonate of ammonia contains the elements of a molecule of urea *plus* two molecules of water. During the incipient putrefaction of urine, urea actually takes up two molecules of water, according to the well-known formula

$$COH_4N_2+2H_2O=(NH_4)_2CO_3,$$

and is thus converted into carbonate of ammonia. The same change can be effected by heating an aqueous solution of urea to a temperature of 284° Fahr. in a hermetically sealed tube.

Urea, in fact, bears to the carbonate of ammonia the same relation that oxamide does to oxalate of ammonia. Now, when oxalate of ammonia is heated, it loses two molecules of water, and is converted into oxamide; but carbonate of ammonia, when exposed to similar treatment, is simply volatilized instead of being dehydrated. The parallel reaction has, however, at last been effected by Professor Kolbe, and thus this important gap in the history of urea is filled up. The process is very simple. Dry carbonate of ammonia is inclosed in a hermetically sealed glass tube, and heated for some time to a temperature short of that at which urea decomposes. Under these circumstances, the salt behaves like oxalate of ammonia—that is to say, it loses water and becomes converted into the corresponding amide—in other words, into urea. The formula is, of course, precisely the reverse of that given above, but we will vary its form by presenting it in the old notation, which is, even now, more familiar to many of our readers—

$$2(NH_4O,CO_2)=C_2O_2H_4N_2+2H\ O_2.$$

As usual, the thing being done, one is tempted to wonder why so very simple an experiment was never tried before.—*Med. Times and Gaz.*, April 18, 1868.

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Treatment of Disease by Faith and Prayer, instead of Medicine.—In the current number of *Good Words* is an account, by Mr. William Gilbert, of visits paid by him to two of the Continental establishments at which "the treatment of disease by faith and prayer instead of medicine" is carried out systematically.

The institution first visited was that of the Lutheran pastor, Christoph Blumhardt, in the Black Forest; and here Mr. Gilbert found a handsome house, with gardens, etc. —in fact, a bankrupt water-cure establishment converted into a semi-religious house, with the gambling and dancing *salon* turned into a chapel. Here were assembled just that class of valetudinarians who might be met with at any fashionable but quiet resort of invalids, averaging a hundred and sixty in number, who promenaded, attended chapel, took regular meals, and kept early hours, and went away benefited accordingly. A conversation with the pastor

elicited that "he did not deny the efficacy of medicine, but at the same time had a much greater reliance on the efficacy of prayer, being fully convinced from his own experience, which was great, that the majority of diseases could be cured by prayer and faith, without the application of scientific remedies. In surgical cases he did not deny the necessity of calling in a skilful surgeon." Our surgical brethren will feel complimented at this admission, which is not in strict accordance with the views of one of the "peculiar" witnesses at the recent inquest. Mr. Gilbert did not see any cases of cure, nor were there in the institution any persons suffering from serious diseases; he was assured, however, that there had been "some wonderful cases" during the preceding months.

Dorothea Trudel was a young woman who resided at Männedorf, on the banks of Lake Zurich, and who, being of a pious disposition, betook herself to prayer when some members of her family had been given over by the physicians. They recovered, and on sickness again breaking out in the village Dorothea was called in to pray over the sick, who recovered without any medical advice. Unfortunately, medical jealousy appears to have been excited by the reputation she thus obtained, and a prosecution followed, with the imposition of a fine, which, however, was remitted on appeal. Persecution naturally gave publicity, and publicity only increased reputation, so that Dorothea became the rage, and sick folk flocked together from all sides. In the midst of her successes, and in spite of them, Dorothea unfortunately died (in 1862), and her "system" is now carried on by others, with what success we are not informed.—*Lancet*, March 7, 1868.

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A Popular Fallacy.—Dr. E. Symes Thompson, in a recent lecture at Gresham College, very truly remarks: "The public demand from the physician a remedy to cure their complaints without any change or sacrifice on their part. No such remedy exists or will over be discovered. Moderation and self-control in diet will alone eradicate the evil. Colchicum, even in the hands of the unskilled, will relieve the immediate attack; but the sufferer will soon find to his cost, it is an 'edged tool' not to be played with. Medicine, like food, must be used, not abused, and much judgment is needed rightly to use it. Another common fallacy is to suppose that reading a medical book enables a man to treat disease. It is easier for one ignorant of arithmetic and algebra to work out a mathematical problem, than for a man who knows nothing of physiology and pathology to work out a therapeutical one. People have often treated themselves for gout in the stomach, who were really suffering from pork in the stomach! Medical books have, it may be observed, a wonderful effect in making the reader fancy himself a sufferer from the disease described. The early premonitory symptoms of most diseases are vague and indefinite, needing practical experience and scientific knowledge rightly to understand them."—*Med. Times and Gaz.*, Feb. 8, 1868.

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Madame Lachapelle.—In a recent number of the *Wiener Wochenschrift* Dr. Schlesinger gives an amusing account of a visit he paid to the celebrated *accoucheuse* Madame Lachapelle, while at Paris on the occasion of the Exposition. He says that the appellation "midwife," derived from a knowledge of the functions of the German "Hebamme," gives not the slightest idea of those of this famous and much-employed lady. She is at once "*sage femme*," gynæcologist, syphilidologist, and operator for all the lesser evils appertaining to the sex. She is the trusted aid of young women and old husbands, of mothers and daughters who may have mishaps to conceal or repair. Our author, introduced into the midst of a crowd of well-dressed women in the waiting-room, soon made himself at home with them when they learned that he was a "*Frauenarzt*" from Vienna. He contrived, moreover, to make himself agreeable with some of his fair interlocutors by denouncing the cruel and impolitic character of the paragraph of the French code which declares "*toute recherche de la paternité est interdite*," and contrasting it with the provisions of his own happy land, in which the damsel with many lovers is at full liberty to choose a father from among them best able to bring up the forthcoming babe in plenty and comfort, at once sheltering a helpless infant and preventing its becoming a burden either to the mother or society!

Introduced at last into the *salon*, he found it not only furnished with distinguished taste, but also arranged with what he calls a gynæ-

cological refinement and display. On tables and other receptacles lay in picturesque disorder whole batteries of every description of specula, syringes, forceps, hernial bandages, and enema apparatus; these being duly set off by bougies, catheters, caustic holders, dilators, and all the varieties of scalpels, scissors, and other gynæcological instruments. In the background of the apartment stood a large gorgeous sofa supported on gilded legs, and covered with damask and velvet draperies. He found Madame Lachapelle, a woman, although not young, still in the prime of life, of a distinguished and intelligent appearance, and dressed with that exquisite adaptation to her age which seems to be a faculty peculiar to Frenchwomen, and at all events seldom observed in Germany or England. Her first inquiries were as to the position of the German *accoucheuses*, and on learning from her visitor their low and mean position, and the narrow limits within which their functions are confined by law, she expressed herself, as might be expected, with suitable indignation.

Our Doctor was a little unfair, for he obtained his interview by pretexting a desire to consult Madame Lachapelle on a case of sterility which had resisted all medical attempts at relief—this being a class of cases in which she has obtained great celebrity. On the various remedies which had been tried being detailed to her, and among these the rectifying the malposition of the uterus, she expressed the great distrust she felt in these assumed inflections and deflections, which too often only were excuses for prolonged treatment. She held it a pretty strong proof of the correctness of her scepticism that in twenty cases two equally celebrated accoucheurs scarcely agreed in a single one as to the exact diagnosis. We have not space to pursue the amusing conversation which followed, only observing that Madame Lachapelle protested against the habit of invariably attributing the failure of offspring to the woman, while it not unfrequently was really due to the dissipated habits of the man prior to marriage, or some individual peculiarities. She cited even historical illustrations, as that of Louis XVI., who, after an unfruitful cohabitation with a beautiful wife during seven years, yet eventually had five children by her. Then, again, who was at fault in the childless union of Josephine and Napoleon, the one having had two children by a former marriage, and the other one by his second empress?—*Med. Times and Gaz.*, Mar. 14, '68.

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Insalubrity of Cast Iron Stoves.—In our preceding No., p. 61, will be found a notice of this important subject, and we now learn from an article in the *Lancet*, March 14, 1868, the following further particulars in regard to it:—

"When the attention of the Academy of Sciences of Paris was drawn some time since by M. Carret, one of the physicians of the Hôtel Dieu of Chambery, in several papers, to the possible evil consequences of the use of cast-iron stoves, but little interest was excited in the matter. Recently General Morin has again brought the subject forward with better success. M. Carret does not hesitate to assert most positively that cast-iron stoves are sources of danger to those who habitually employ them. During an epidemic which recently prevailed in Savoy, but upon which M. Carret does not furnish us with any detailed information, he observed that all the inhabitants who were affected with it made use of cast-iron stoves, which had lately been imported into the country, whereas all those who employed other modes of firing, or other sorts of stoves, were left untouched by the disease. An epidemic of typhoid fever, which broke out some time after at the Lyceum of Chambery, was regarded by the same author as being influenced by a large cast-iron stove in the children's dormitory. General Morin speaks in the highest terms of M. Carret's memoirs, to which the recent experiments of MM. Trorst and Deville give additional importance. These able investigators have established that iron and cast-iron when heated to a certain degree become pervious to the passage of gas. They have been enabled to state the quantity of oxide of carbon which may, as they suppose, transude from a given surface of metal, and have shown that the air which surrounds a stove of cast iron is saturated with hydrogen and oxide of carbon. They conclude that cast-iron stoves when sufficiently heated absorb oxygen, and give issue to carbonic acid. General Morin related some comparative experiments which had been performed by M. Carret, and which, he said, corroborate this theory. Thus, after having remained during one full hour in a room heated to 40° (centigrade) by means of a sheet-iron stove,

M. Carret perspired abundantly, got a good appetite, but felt no sickness whatever; he had obtained the same result with an earthenware stove; but the experiment, when performed during only one half hour with a cast-iron stove, had brought on intense headache and sickness. M. Deville, at the same sitting of the Academy, supported these views with considerable warmth. The danger which attended the use of cast-iron stoves, he said, was enormous and truly formidable. In his lecture-room at the Sorbonne he had placed two electric bells, which were set in motion as soon as hydrogen or oxide of carbon was diffused in the room. Well, during his last lecture the two cast-iron stoves had scarcely been lit when the bells began to ring.

"These facts are certainly startling, if we consider the reputation of comparative harmlessness which these articles of domestic use had hitherto enjoyed. In France, particularly, the lodgings of the poorer classes, the barrack-rooms of the soldiery, the artists' studios, the class-rooms of large schools, &c., are commonly heated by this means. Of course, we are inclined to question M. Carret's conclusions; but the apparently accurate character of the facts recorded, joined to the authority of those who have brought them forward, demand for them a serious investigation. We are glad to be able to add that a committee has been appointed by the Academy for the purpose of examining thoroughly into the subject. This committee is composed of MM. Claude Bernard, Morin, Frémy, Deville, and Bussy, and we shall not fail, when the time comes, to mention what shall have been the results of their researches."

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Venom of Toads.—The toad, formerly considered as a creature to be feared, does in reality possess a venom capable of killing certain animals and injuring man. This poison is not, as is generally thought, secreted by the mouth; it is a sort of epidermic cutaneous secretion, which acts powerfully if the skin be abraded at the time of contact. Dogs which bite toads soon give voice to howls of pain. On examination, it is found that the palate and tongue are swollen, and a viscous mucus is exuded. Smaller animals coming under the influence of the venom undergo true narcotic poisoning, soon followed by convulsions and death. Experiments made by MM. Gratiolet, Cloez, and Vulpian, show that the matter exuding from the parotid region of the toad becomes poisonous when introduced into the tissues. A tortoise of the species *Testudo Mauritanica*, lamed in the hind foot, was completely paralyzed at the end of fifteen days; and the paralysis lasted during several months. Some savages in South America use the acid fluid of the cutaneous glands of the toad instead of the curara. The venom exists in somewhat large quantity on the toad's back. Treated with ether, it dissolves, leaving a residuum; the evaporated solution exhibits oleaginous granules. The residuum contains a toxic power sufficiently strong, even after complete desiccation, to kill a small bird.—*British Med. Journ.*, March 28, 1868.

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Scientific Schools in France.—The French Minister of Public Instruction publicly announced at the Sorbonne on Saturday last, that new efforts were about to be made by the government to give an additional impulse to science teaching; that the "budget of science" would be augmented; that laboratories of research and laboratories of instruction would be created, missions instituted for young *savans*, and finally that the position of the professors of the scientific studies would be ameliorated.—*Brit. Med. Journ.*, May 2, 1868.

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Consumption of Tobacco in France.—The French people consume annually, as snuff, 7,699,471 kilogrammes (each kilo. 2 lb. 3 oz. avoird.), representing a colonnade of thirty columns, each equal in size to the column of Vendôme. In smoking there are 18,440,919 kilos. consumed—which, as a compressed mass, would suffice for the construction of the Arc de Triomphe de l'Etoile, together with its foundations. Moreover, there are smoked 28,000 kilos. in cigars at 20 centimes each, measuring in length 638 kilometres, or about the distance from Paris to Bayonne; 63,000 kilos. in cigars at 15 c., measuring 1590 kilometres, or nearly from Paris to St. Petersburg; 178,000 kilos. in cigars at 10 c., measuring 3772 kilometres, or nearly from Paris to Teheran; and 2,734,585 kilos. in cigars at 5 c., measuring 68,360 kilometres, or about twice around the world.—*Med. Times and Gaz.*, April 25, 1868, from *Journ. de Statistique*, Feb.

Sir J. Y. Simpson on the Pyramids.—It is characteristic of the brilliant and diversified gifts of the great Northern Professor that he should have taken in hand the demolition of a curious notion about the Great Pyramid of Egypt, which has been promulgated by Professor Piazzi Smyth, and has found favour with many religious persons. That notion is, that the Pyramid was constructed under Divine guidance to show to all time a correct standard of weight and measure, and that the coffer contained in the central chamber is an inspired measure of capacity, and the base of the Pyramid an inspired measure of length, having a definite relation to the earth's polar axis. Sir James Simpson shows, in a paper read before the Royal Society of Edinburgh, that the Pyramid has all the characters of the huge sepulchral monuments scattered over the earth; that the coffer in its King's Chamber was a sarcophagus; that it contained a body till despoiled by the Caliph El Manoon, about 1000 years ago; that it is irregular in form; incapable of being exactly measured, and hence no standard of measure. In fact, any one who desires a treat in seeing how a thorough "craze" is melted away before common sense, should read Professor Simpson's paper. The kind of argument of Professor Piazzi Smyth to show that the Pyramid was built by Noah is one which we thought peculiar to the medical profession: Noah was a preacher of righteousness; a just system of weights and measures is righteous; *ergo*, Noah built the Pyramid.—*Med. Times and Gaz.*, March 28, 1868.

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What is Syphilization.—M. Langlebert gives the following aphoristic reply to this query: "Syphilization is the art of giving syphilis to those who have not got it, to recall it in those who no longer have it, and to eternize it in those who have it." *Presse Belge*, March 15.

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Accidents.—A somewhat startling statement is made in the report of the Accident Assurance Company, that 2,000,000 of persons, or one in every ten of the population, receive injury every year from accidents of a more or less serious character. Of these, 10,000 are killed, or die from the direct effects of the accident. The total amount paid in claims by this company is £250,000 since 1849. This is striking evidence of the advantage reaped by the public in making provision against those casualties to which all are more or less liable.—*Brit. Med. Journ.*, May 2, 1868.

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New Medical Journal.—The first number of *The Practitioner*, a monthly journal of therapeutics, will appear on the 1st of July next. It will be edited by Dr. Anstie and Dr. Henry Lawson, and published by Macmillan & Co., and is intended as a special medium of intercommunication of ideas respecting the action of remedies. The contents will consist of short original articles, a *résumé* of the more interesting modes of treatment recorded in the foreign journals, a sketch of the experience of London hospitals, and a department for notes and queries. We wish it every success.—*Lancet*, May 2, 1868.

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Safety of Dr. Livingstone.—We are very happy to be able to state that letters from Dr. Kirk have been received in town this day (Wednesday), announcing that autograph letters from Dr. Livingstone have been received from the Sources of the Nile, eight hundred miles from the place where he was alleged to have been murdered.—*Brit. Med. Journal*, April 11, 1868.

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M. Nélaton.—It is said that this eminent surgeon has gone to Stockholm to operate on Baron de Hœpner, the Grand Marshal of the Swedish court, for a tumour. The fee offered is twenty thousand dollars and all his expenses to be paid.

—

Sir James Clark.—This eminent physician has had a severe attack of bronchitis accompanied with great prostration and feebleness of heart consequent on his advanced age. He was at the latest accounts, we are happy to say, making progress towards recovery.

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Obituary Record.—Died, at Vienna, on the 25th of Feb. last, of exanthematous typhus, Dr. Ludwig Turck, aged 58. Dr. T. contributed largely to make known the use of the laryngoscope in diagnosis.

The School of Medicine of Paris has just suffered a severe loss by the death, on the 22d of April, of M. Jargavay, the successor of Nélaton as Professor of Clinical Surgery, and a man of eminent abilities.

A PRACTICAL TREATISE ON THE DISEASES OF WOMEN. By

T. Gaillard Thomas, M. D., Prof. of Obstetrics, &c., in the College of Physicians and Surgeons, N. Y.; late President of the N. Y. Obstetrical Society, &c. In one large and handsome octavo volume of 625 pages, with 219 illustrations on wood; extra cloth, $5; leather, $6.

The best text-book for students, and a perfect *vade mecum* to the gynecologist.—*N. Y. Journal of Obstetrics*, May, 1868.

We have recently been almost flooded by works from American sources, on the allied subjects of obstetrics and gynecology. Nor has quantity alone been the most noticeable feature connected with them, for their quality has invariably been of the highest. Dr. Thomas' work is no exception to this rule; it is preëminently sound and practical, evincing much research and great clinical experience. It is, further, illustrated by upwards of two hundred engravings, some of them of great value.—*London Med. Times and Gazette*, April 25, 1868.

Of all those which have recently appeared, we have seen none more worthy of favorable notice than this new and elegant work by Prof. Thomas. The style and arrangement of the text are fresh, well condensed, and readable. What we particularly note, however, is the large amount of new suggestions in the therapeutics of the subject, that our author has carefully collated and presented to the reader.—*Cincinnati Lancet*, May, 1868.

The book of Prof. Thomas is well calculated to do away with this latter objection, and to accomplish more towards the establishment of a rational system of uterine therapeutics than any other work of its size in any language. We have rarely read any treatise upon a medical topic that has given us better satisfaction, or impressed us with the fitness of an author for the proper performance of a most responsible task. It is perhaps unnecessary for us to commend the work most heartily to every one who is or may be liable to treat uterine diseases.—*N. Y. Medical Record*, April 15, 1868.

We are led to believe that it is the best work that has yet appeared on the diseases of women. There is about it a precision and accuracy, a fullness and completeness, a clearness and simplicity, to be found in no other book on the same subject within our knowledge; its views on uterine pathology are, to our mind, more consonant with reason and common sense than any other we have seen. Enjoying fine opportunities in an extensive field of observation, Dr. Thomas, as an author, has fully sustained his high reputation as a teacher. We have no hesitation in strongly recommending it to the profession as the best exposition yet published of the subjects of which it treats.—*Atlanta Med. and Surg. Journal*, April, 1868.

In no work with which we are acquainted is there to be found so full and complete an exhibit of the improved means of diagnosis of the obscure subjects of gynecology, or of their more enlightened therapy. Did our space permit, we should be glad to go into an extended review of the work before us, giving not merely an outline of the subjects treated of, but full extracts from the text itself. As it is, we can only recommend our readers to buy it.—*Leavenw'th Med. Herald*, May, '68.

Indeed, we do not know a better study in briefer space, not for medical students merely, but for practitioners, who may really wish to have light upon an obscure pathway, to be trained in the thorough investigation of diseases peculiar to women, than is herein to be found.—*Western Journal of Medicine*, May, 1868.

It is a masterly *résumé* of what is known, by an experienced and honest observer. The Profession are indebted to Professor Thomas for thus tabulating the much that has been accepted as valuable and reliable in gynecology, but this is not by any means all the merit of the work; we have his ample experience, given in his opinions on pathology and treatment, which carry conviction by the confidence we feel that they are the candid opinions of an honest and competent observer.—*Humboldt Med. Archives*, April, 1868.

AN ATLAS OF VENEREAL DISEASES. By A. Cullerier, Surgeon

to the Hôpital du Midi, Paris. Translated from the French, with Notes and Additions, by Freeman J. Bumstead, M. D., Professor of Venereal Diseases in the College of Physicians and Surgeons, New York. With about 130 beautifully executed colored figures on 26 quarto plates. To be complete in Five Parts, large imperial quarto, containing in all about 300 double-columned pages. Price Three Dollars per Part.

Parts I., II., and III. now ready. Parts IV. and V. preparing for early publication.

These are, without doubt, superior to any book of the kind ever before presented to the public. They must impress every one familiar with the appearances in venereal disease, with their truthfulness and elegance of mechanical execution and finish, furnishing to the student clinical lessons scarcely less perfect than the original cases of which they are transcripts. The copies in Dr. Bumstead's translation of these admirable plates are in no respect inferior to the original, and reflect very great credit, not only on the artists, but on the enterprise of the publishers, who have evidently spared no expense in their execution; and it seems to us that on account of these numerous and beautiful illustrations alone, the translation of M. Cullerier will meet with a cordial welcome from the profession in this country, especially from those who are deprived of the clinical advantages afforded by a hospital and city practice. The translation is executed in a masterly way, and the book is altogether unexceptionable in style and typography.—*N. Y. Med. Record*, May 15, 1868.

We have received Parts I. and II. of this magnificent Atlas of Venereal Diseases. It is to be completed in five Parts, printed in this elegant style, with the finest illustrations of syphilis which have ever appeared in this country. When complete, this translation of Cullerier will afford those who are particularly interested in this specialty, a full and desirable text-book.—*Cincinnati Lancet and Observer*, May, 1868.

A magnificent work, in the best style of artistic illustration.—*Chicago Med. Journal*, April, 1868.

We desire now especially to call the attention of the profession to the appearance of this magnificent work.—*N. Y. Med. Journal*, April, 1868.

They are superior to any illustrations of the kind ever executed in this country.—*Am. Journ. Med. Sciences*, April, 1868.

This is probably the handsomest work of its class ever published in this country.—*Boston Med. and Surg. Journal*, April 15, 1868.

These plates will constitute a remarkably full and complete series of illustrations of every form of venereal affection. The greater portion of the figures are the size of life, and all are exquisitely colored. A specimen of the plates and letterpress will be sent, free by mail, on receipt of 25 cents.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Torsion of Arteries.—Delivered at Addenbrooke's Hospital, Cambridge. By G. M. HUMPHRY, M. D., F. R. S., Professor of Human Anatomy and Physiology, and Surgeon to the Hospital, &c.

After some general remarks on the importance of arresting hemorrhage quickly and securely in the treatment of wounds, and on the various modes which have been resorted to for doing this, Professor Humphry said the principle of the ligature and of torsion is the same. In both it is related to the fact that the inner and greater part of the thickness of the coat of an artery is composed of a brittle, though strong, elastic, and more or less muscular, structure; whereas the outer and thinner structure is of very different character, being extremely tough, and consisting chiefly of white fibrous tissue. The result is that, in the use either of the ligature or torsion, the inner structure is quickly divided, either cleanly, as in the case of the ligature, or in a more irregular lacerated manner in the case of torsion, and the divided edges are held together, so as to close the artery, by the more resisting external coat which is either compressed or twisted upon it—compressed by the ligature, twisted by the torsion. When the ligature is properly applied, the cleanly divided edges of the inner coat of the artery are held so closely and firmly together by the outer coat compressed within the knot of the thread, that there is no possibility of the escape of blood, the approximated edges unite together, and the vessel is permanently sealed. The result, therefore, so far as the hemorrhage and the vessel are concerned, is per-

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☞ *In no case is this periodical sent unless the subscription is paid in advance.*

fect, or nearly so; and provided the ligature is properly applied—that is to say, tied tight enough to divide the inner coat, and not so tight as to mutilate or divide the outer coat, hemorrhage will very rarely, or never, occur. I am, therefore, in the habit of concluding, when hemorrhage follows the closure of a wound, at a longer or shorter period after an operation, that there has been some fault in the tying the vessels; an insufficient number have been tied, or the thread has been tied too tightly, so as to damage the outer coat, or not tightly enough to divide the inner coat and maintain the apposition of its cut edges. You will hear secondary bleeding attributed to this thing and that, to something peculiar in the bloodvessels, or to some hemorrhagic tendencies in the patients, etc.; but I suspect it is far more commonly due to carelessness in securing the bloodvessels. The fault is not usually in the vessels, or the patient, or the ligature, but in the surgeon.

Entertaining so high an opinion of the ligature, I was long unwilling to resort to any other plan. Still, I could not be insensible to the importance of improving our treatment of wounds, and to the effect which the ligature threads and the strangulated portion of tissue included in each knot must have in preventing immediate union of the divided surfaces. Accordingly, as I stated in a lecture a year ago,[1] I was induced to try the plan of acupressure proposed by Sir James Simpson, and was able to report favourably of it, inasmuch as no hemorrhage occurred in any of the cases in which I used it, and the wounds did well. Still, as I then said, I hoped some better plan would be found out, for the presence of the needles in a wound, even for a short time, is objectionable; and their removal, just when a patient is beginning to recover from the effects of an operation, and is peculiarly sensitive to any impressions and apprehensive and distrustful of our intentions, I found to be a source of annoyance; and I was anxious to find some effectual means of arresting hemorrhage without the necessity of leaving any foreign body in the wound. After thinking, therefore, a good deal on the subject, and reflecting over various modes in which the end of the vessel could be temporarily sealed, I tried the plan of torsion, which has of late been used in Edinburgh and elsewhere, and have employed it now in a great many cases, including amputation in the thigh,[1] in the leg, and many others. Indeed, for several months I have used no other means but torsion for arresting hemorrhage; and it has answered perfectly in all the cases. There has, I think, been less pain after the operation than was experienced when we used the ligature; and the wounds have, on the whole, done better and healed more quickly. In such an operation as excision of the knee, it is especially important to prevent bleeding from the various small arteries that are divided; for, unless this be carefully done, blood will collect in the wound, between and behind the bones, after the patient is in bed, will lead to suppuration, and be a source of much trouble. To prevent this evil, I sometimes found it necessary to tie several vessels; and the presence of these ligatures with the portions of tissue strangulated by them was certainly a disadvantage. In the last two cases in which I have performed this operation, I have gladly availed myself of torsion of the arteries, and have been well satisfied with the result. Still, a greater number of cases of this and other operations are necessary, to test properly the value of this mode of closing the arteries. The plan which I adopt is, as you are aware, for the smaller arteries, to use a pair of clasp-forceps, which, at the end, are rather broad, and provided with fine interlocking blunted teeth, by means of which the artery is held securely during the twisting. This I continue till the coats are quite torn through, and the forceps are thereby set free. In the case of the larger arteries, I found, by experiment on the dead body, that these forceps divided the coats of the vessel, and tore their way out too quickly; so that, when I injected water into the artery by a syringe it soon, under very slight force, separated and obliterated the folds of the inner coat, which had been caused by the torsion, made its way under the outer coat, and burst through that coat. I tried other forceps of different shapes, and found that the pair of strong narrow-bladed hinge-forceps, which I show you, and which I have been in the habit of using to extract bone in operations for necrosis, answered the purpose better than any others that I

[1] Reported in the British Medical Journal, August 3, 1867.

[1] Professor Humphry has used torsion to the femoral artery after amputation in the thigh in two cases. The patients were young.

have yet used. They resemble somewhat strong dressing-forceps; but the handles are large, giving good purchase, the blades meet closely, and the transverse ridges and furrows near the ends are well adapted, so that they hold the end of the artery tightly without tearing it. You see when I seize with these forceps the end of this femoral artery which I took from a subject yesterday, hold it tightly and twist it, that, although the forceps are not sufficiently broad to cover and embrace the whole diameter of the artery, yet they hold it firmly and retain their hold till the entire end of the vessel has been twisted off. The remaining part presents a conical twisted end, which unfurls itself to some extent, but not entirely, and remains completely closed. I now throw water into it; and not till I have used considerable force do the compressed folds of the inner coat yield, separate, and permit the water to pass beneath the outer coat, which again is so sealed by the twisting, and so strong, though thin, that it offers considerable resistance before it gives way—a resistance much greater than would be required to withstand the pressure of the blood in the living artery. I twist other portions of artery in the same manner. They are all firmly closed. Cutting them open, we find the inner coat more or less lacerated and contused, its surfaces squeezed together and thrown into folds, and held in close contact by the twisted outer coat, which forms coils, terminating in a cone or point at some distance beyond the termination of the inner coat. In some instances, I have found the inner coat detached from the outer by the squeezing that occurs during torsion, and more or less reflected into the artery so as to present its divided edge to the blood-current.

You will, from this explanation and these experiments upon portions of artery (and I have made several observations upon the dead body corresponding with these), understand what takes place when an artery is twisted. The inner thick, elastic coat is thrown into folds, which are crushed or squeezed together so as to block up the channel of the artery; it then gives way, and is torn through, and is held in its position by the outer coat, which resists longer, and undergoes still further twisting and squeezing together of its structures, so that when it is finally torn through, it retains its twisted condition, and continues to exert pressure upon and give support to the inner coat.

I have just had an opportunity of examining a popliteal artery which was twisted in a young man after amputation six weeks ago. It was perfectly closed, was contracted, and surrounded by toughish structure for some little distance. Its internal coat was wrinkled near the end, and showed some traces of ecchymosis.

You have probably observed that the attention to the bloodvessels after operations has occupied rather more time than it did when we used the ligature; and torsion has certainly, in my hands, proved somewhat more difficult than the ligature, requiring more care, more patience, and more perseverance. It is necessary to include the vessel itself in the forceps; for it is useless to twist the surrounding tissues; and it is not always easy, when blood is flowing, to make sure of the exact point from which it flows. Often, therefore, when I have been twisting, I found that my efforts were of no avail, because I had not seized the exact orifice of the vessel. Even when the vessel is seized, the inner coat is liable to slip from between the blades of the forceps, the outer coat only being retained and subjected to the torsion; and this is not to be relied on. When, however, I have been sure of having seized an artery and properly twisted it, I have not known any further bleeding to take place from it; and if it be carefully done, torsion is, I think, a valuable means of securing small and medium-sized arteries, such as the tibials, facial, etc., and by reducing the number of ligature-threads, it will be found to promote early healing of wounds. Whether it will prove to deserve our confidence in the case of the larger arteries, I am not so sure; but I should say that the doubt is founded rather upon what I have found in experimenting upon the dead subject than on what I have observed in the living; and it may be that better appliances and more experience may justify a greater reliance upon its efficiency. The experiments which I have shown you to-day upon pieces of artery, and those which some of you have seen me make upon the dead body, have proved to you that much care is needed in the selection of proper forceps, and in so seizing and holding the end of the vessel that its inner coat does not slip from between the blades during the twisting; and it will have occurred to you that in the liv-

ing subject it is not easy to make sure of doing this as it should be done, or to feel certain in any instance that the artery has been properly twisted. The only rule I can lay down is to use all care in the process, especially in grasping the orifice of the artery, and to examine well the remaining torn end after the forceps have been set free by the torsion, so as to ascertain, if possible, whether the vessel is completely closed.

I do not wish you to go away with the impression that the trials of different modes of preventing hemorrhage from arteries have been made without due consideration, or that the conducting them has been unattended with anxiety. In the early years of my professional career, I was severely tried by some cases in which bleeding occurred and recurred after operations. These cases produced a deep impression upon me, and made me extremely cautious and careful in securing bloodvessels, particularly in the mode of applying the ligatures, and watchful in sponging the surface and examining the tied vessels before closing the wound; and I would not have been induced to try acupressure or torsion had I not been also strongly impressed with the great importance of using all means to obtain early union of the wounds after operations, or rather, I would say, immediate union of the whole or large part of a wound after an operation. There is no doubt that the success of operations will be increased in proportion as we can attain that result; and the prospect of attaining it must depend a good deal upon the mode in which the vessels are secured; the first desideratum being to prevent bleeding; the second, to do it in such a manner as shall least interfere with the healing process. The ligature effects the first object completely; but is so far open to objection with regard to the second, as to justify the cautious trial whether other modes which promise better as regards the healing process may not be equally effective in stemming the blood-currents from the arteries.—*British Med. Journ.*, May 23, 1868.

HOSPITAL NOTES AND GLEANINGS.

Trephining the Head of the Tibia for Abscess; Death; Autopsy.—There have lately been some very interesting surgical cases at King's College Hospital. With regard to the first noticed—viz., abscess of the cancellated structure of the head of the tibia—years ago legs were amputated for this disease, and for the simple reason that the abscess was not recognized. The great symptom—severe continued pain in one fixed spot, with exacerbations at night, and for which no treatment was of any avail—could not be accounted for. The patient became so much distressed and worn out by the pain simply as to pray for deliverance from it, and the limb was amputated. The pain then ceased, and a perfect cure was said to have been effected. A case of this description occurred in the practice of Sir Benjamin Brodie: he amputated in the lower third of the thigh, and the patient got well. The great surgeon, however, was anxious to find out, from after-examination of the severed limb, what morbid condition of the member existed. He made a section of the bone, and found an abscess in the head of the tibia. When next, therefore, Sir Benjamin Brodie saw a patient suffering from this peculiar fixed pain, which was not amenable to treatment, he made an incision down to the bone at the painful spot, and, with a trephine making a hole in the head of the tibia, came upon the abscess, and let out about a teaspoonful of pus. This operation completely set the patient on his legs again, and seems a good early example of conservative surgery.

An almost similar case to the above was admitted into King's College Hospital the other day. The following report is taken from the case-book:—

Thomas S., aged 20, a groom, living at Farnham, was admitted into the Albert Ward, under the care of Sir William Fergusson, with disease of the left tibia. He is rather a strumous-looking man, and states that he fell and injured his left leg fourteen or fifteen years ago. Since this time the upper part of the leg has swelled, and has become contracted on the thigh. The swelling "went and came again;" there was much pain, and abscesses formed on the front and inner side of the calf of the leg, and discharged freely. He says the swelling has gone on increasing, and that he has all along had much pain, particularly on the upper and inner side of the leg.

Present Condition.—The left leg below the knee is now much enlarged for about the upper two-thirds at the inner side and behind, and feels hard and bony. The ridge of the tibia can be traced all its length.

The inner side of the head of this bone is much enlarged. There is pain over the whole area of the swelling, particularly about the upper part and the cicatrices of the openings of the abscesses. There is considerable increase of pain during the night. Was ordered quinæ sulph. gr. ij, tinct. ferri mur. ♏xx, aquæ ℥j, t. d. s.

January 11, 1868. The patient having taken chloroform, Sir William Ferguson made an incision down to the bone, over the swelling, on the inner side of the left leg, five inches long. More room was then gained by making two short transverse incisions at the upper and lower extremities of the first incision; thus, [. Six holes were then drilled by a trephine into the interior of the tibia. The bone between these holes was removed by a "bone-pliers," and a large opening was made. On applying a gouge to the upper part of the cavity thus made, the instrument slipped through a thin shell of bone into an abscess just below the head of the bone. A small quantity of pus escaped. The walls of this abscess were then gouged away, and the scrofulous matter lining the abscess removed. The wound was filled with lint, and water-dressing applied. The patient was placed in bed, with his leg raised, and abducted, upon a pillow.

13*th*. Suppuration established; wound syringed with Condy's fluid. Patient states he feels very comfortable.

16*th*. Pulse 157, temperature 102⅘°; has had shivering; tongue dry. Ordered brandy ℥vj, and quin. sulph. gr. ij, acid. sulph. dil. ♏xx, aquæ ℥j. t. d. s.

18*th*. Has had repeated shivering attacks; looks queer and sunken about the eyes, and his skin appears slightly yellow. Pulse 152; temperature 102°; no pain.

20*th*. He "wanders" a good deal at times, particularly at night. Pulse 152; temperature 102°.

21*st*. The skin is very yellow indeed; the discharge from the wound has much decreased in quantity; slight cough; pulse 124; temperature 100°.

23*d*. No pain in wound, but great swelling of the knee-joint, and this joint is acutely painful.

25*th*. The house-surgeon was called to see him last evening about 7 o'clock, and found he was "stupid" and his cough very bad. Pulse very quick (164) and very weak. He gradually sank, and died at 10 A. M. this morning.

Post-mortem Examination Thirty-two Hours after Death.—At the post-mortem his body was found very much emaciated, and the skin of an intensely bright yellow colour. The wound had a very unhealthy appearance. On opening the knee-joint of the same leg it was found to be full of pus. But this pus did not appear to have been originally formed in the joint itself, as the membranes thereof were found quite healthy, but to have traversed some one or more channels which were found to run from the wound to the knee. Thus, the periosteum on the inner side of the tibia was separated from the bone all the way from the wound to the joint, forming one line of communication. On a section being made of the upper part of the tibia the bone was found perfectly honeycombed, and infiltrated with pus, with two canals running upwards, and opening into the knee-joint. Below the wound there was no pus, but the bone was extremely vascular. No secondary deposits were found, except in the lungs. These were discovered to be very much congested, and studded all over with small abscessess. The lungs were otherwise healthy. The liver was large in size, and strumous in character. However, no morbid alteration could be perceived accounting for the intensely jaundiced appearance of the patient.—*Med. Times and Gaz.*, Feb. 15, 1868.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—The nineteenth annual meeting of the Association was held in the city of Washington, on the 5th, 6th, 7th, and 8th of May, 1868. Subjoined will be found a concise summary of the proceedings.

The President, Prof. S. D. Gross, of Philadelphia, took the chair at 11 o'clock, May 5, and introduced Dr. G. Tyler, chairman of the Committee of Arrangements, who in an address tendered the greetings of the profession of Washington to the delegates assembled in that city.

The President then delivered the annual address, which was referred to the Committee of Publication.

Dr. C. A. Lee moved, in view of the importance of the subjects discussed in the President's address, and the suggestions,

that their consideration be assigned to a special committee, with instructions to report at the next meeting.

Drs. C. A. Lee, D. F. Condie, and J. L. Atlee were appointed said committee.

The following standing committees presented their reports:—

On Ophthalmology, by Dr. Jos. S. Hildreth. Referred to the Section on Surgery and Anatomy.

On Rank of Medical Men in the Navy, by Dr. N. S. Davis. Referred to the Committee of Publication.

On Insanity, by Dr. C. A. Lee. Referred to the Section on Psychology.

On the Treatment of Club-Foot without Tenotomy, by Dr. L. A. Sayre. Referred to the Section on Surgery and Anatomy.

On Medical Ethics, by Dr. H. I. Bowditch, calling attention to the two following points:—

1. The propriety of admitting the claims of regularly educated and well qualified female physicians to a status in the profession; and

2. The propriety of accepting the resignation of Dr. Julius Homberger, of New York, as a member.

At a subsequent meeting, after an animated discussion, the question of admitting the claims of female physicians was, by a nearly unanimous vote, indefinitely postponed.

With regard to the second point, the resignation of Dr. Homberger, after discussion at a subsequent meeting, the Association refused to accept it, and by a very decided vote he was expelled.

The Committee on Prize Essays reported that they had received four essays, but did not consider any one of them merited a prize.

The committee appointed to consider the subjects discussed in the President's address reported the following resolutions:—

1. *Resolved*, That the Publishing Committee are hereby invested with plenary power in regard to all papers not read before the Association or in the sections, to publish or not, as may seem expedient.

2. *Resolved*, That a committee of three be appointed by the Chair to take into consideration the subject of appointment of a commissioner in each judicial district or circuit, whose duty it shall be to aid in the examination of witnesses in every trial involving medico-legal testimony, and to report at the next meeting of the Association.

3. *Resolved*, That a committee be appointed to report next year in regard to the subject of an annual register of the regular profession in the United States, and in the mean time to take necessary measures to carry the plan into effect.

4. *Resolved*, That a committee be appointed to take into consideration the subject of the best mode of providing a fund for the relief of widows and orphans of deceased physicians, and report to the Association at the next meeting.

5. *Resolved*, That a committee of three be appointed to take into consideration the subject of the establishment of veterinary colleges, and report at our next meeting.

6. *Resolved*, That all hospitals and public institutions for the care and treatment of the sick should have educated, well-trained nurses only; that this Association would strongly recommend the establishment in all our large cities of nurse-training institutions.

The resolutions were debated *seriatim*, and resulted in the adoption of all except the sixth, which was referred to a committee.

Dr. McKew, of Maryland, offered the following resolution, which was adopted:—

Resolved, That the committee shall, in carrying out these resolutions, not subject the Association to any expense.

Dr. Cox, on behalf of the committee to revise and amend the present Constitution of the Association, submitted a report, which was ordered to be printed, and, according to the rule, lies over for consideration at the next meeting.

The committee to nominate officers and standing committees for the next year, also to select the place of meeting, was elected by the several delegations.

Dr. A. B. Palmer, on behalf of the Committee on Medical Education, submitted a report, which was referred to the Committee of Publication. Dr. Palmer stated that several gentlemen had expressed the view that the programme of study was too revolutionary in its character. He was, however, ready to correct any errors of statement in the report in question.

Dr. Comegys offered the following, which was adopted:—

Resolved, That the American Medical Association refers the whole subject of medi-

cal education to the faculties of the regular medical colleges of the nation, pledging itself to adopt and enforce any system or plan that may be agreed upon by two-thirds of all recognized medical colleges.

Resolved, That the resolution be referred to the committee already acting in this matter, and they are requested to report within two years from this session.

Dr. Mendenhall, on behalf of the Committee on Medical Literature, read a report, which was referred to the Committee of Publication.

The following papers were read by title, and referred to the sections as follows:—

"On the Best Methods of Treatment for Different Forms of Cleft Palate," by Dr. Wm. R. Whitehead, of New York. To the Section on Surgery and Anatomy.

"Remarks on some of the Operations for Vesico-Vaginal Fistule, with an account of a new self-retaining speculum, and a new mode of securing the patient," by Dr. Nathan Bozeman, of New York. To the same Section.

"The Treatment of Syphilis by Hypodermic Injection," by Dr. L. Elsberg, of New York. Referred as above.

"A Series of Plans for the Collection and Statistical Arrangement of Facts in regard to Climatological and Sanitary Conditions of the various States," by Dr. Wm. Faulds Thoms, of New York. This paper was accompanied by the statement that these plans, when filled up, will enable investigators to trace the comparative influence of these facts in the production of epidemics. Referred to the Section on Meteorology, Medical Topography, and Epidemic Diseases.

"On the Climatology of South Carolina," by Dr. Percival, of Aiken, S. C. Referred to the same Section.

"A New Method of Reconstructing the Lower Lip after Removal by Disease," by Dr. Gurdon Buck, of New York. Referred to the Section on Surgery and Anatomy.

Dr. Hamilton stated that he had an apparatus for the administration of anæsthetics, the invention of a friend, not a member of the Association. This he considered to be of value, and desired an opportunity to demonstrate its mode of application. Referred as above.

The reports of the Treasurer and of the Committee of Publication were read and ordered to be printed.

The Committee on Nominations reported the following for officers for next year, which was unanimously adopted:—

President, Wm. O. Baldwin, M. D., of Montgomery, Ala. *Vice-Presidents*, Drs. Geo. Mendenhall, N. Young, P. Monroe, and S. M. Bemis. *Treasurer*, Dr. Caspar Wister. *Assistant Secretary*, Dr. A. G. Semmes.

Also New Orleans as the next place of meeting.

Dr. Brinsmade offered the following resolutions on behalf of the New York State Medical Society, which were adopted:—

Resolved, That the chairman of the delegates from this Society to the American Medical Association be requested to present to said Association, as the desire of the Medical Society of the State of New York, the following resolution, and to urge its adoption:—

Resolved, That the faculties of the several medical colleges of the United States be recommended to announce explicitly in their annual commencement circulars and advertisements that they will not receive certificates of time of study from irregular practitioners, and that they will not confer the degree upon any one who may acknowledge his intention to practise in accordance with any exclusive system.

Dr. Cox read the report on American Medical Necrology, which was ordered to be printed.

Dr. Howard submitted the following resolution, which was adopted:—

Resolved, That a committee of three be appointed to report at the next annual meeting on the subjects of specialties in medicine and the propriety of specialists advertising.

Drs. E. L. Howard, F. Donaldson, and C. Johnson, all of Maryland, were appointed that committee.

Dr. W. O. Baldwin, the newly-elected President, was introduced to the Association, and expressed in an address his sense of the high honour conferred on him.

On motion of Dr. N. S. Davis, the Chair was instructed to appoint a committee of three to report at the next session on the practicability of establishing a library of American Medical works.

On motion of Dr. H. A. Martin, the following preamble and resolution were adopted:—

It seems proper that this Association should not be without a committee on a

subject so transcendently important as that of vaccination; therefore,

Resolved, That a standing committee of one be appointed upon the whole subject, to report from time to time on such topics connected with vaccination as shall, in the estimation of such committee, appear of chief practical interest and importance to the profession.

The usual standing committees were appointed.

The reports from the several sections were read and adopted.

Dr. Hibberd made a verbal report from the Section on Medical Jurisprudence, Hygiene, and Physiology, stating that, after a careful examination of an essay by Dr. Joseph Jones on "Albinism in the Negro Race," they recommend, in view of its great excellence, that it be submitted to the Smithsonian Institution for publication, which was adopted.

The following resolutions were submitted and adopted:—

Resolved, That a committee of three be appointed on the Use of Prophylactics in Zymotic Diseases.

The Chair appointed Dr. Nelson L. North, of New York, chairman of said committee.

Resolved, That a committee be appointed by the Chair on the Utilization of the Sewerage of Cities, to report at the next session of the Association.

Dr. Elisha Harris, of New York, was accordingly appointed chairman of said committee.

Resolved, That a committee of three be appointed by the President, on the subject of the Sewerage and Drainage of Cities, Towns, and Malarious Districts of Country, to report at the next meeting of the Association.

Dr. Stephen Smith, of New York, was appointed chairman of said committee.

Resolved, That a committee be appointed by the Chair on the subject of Inebriate Asylums, to report at the next meeting of the Association, and that Dr. C. H. Nichols, of the Government Hospital for the Insane, be chairman of said committee.

Dr. F. Howard, of the District of Columbia, and Dr. J. R. W. Dunbar, of Maryland, were appointed the additional members of said committee.

Various amendments to the Constitution were offered, and, in accordance with the rules, laid over for consideration at the next meeting.

After the adoption of the usual votes of thanks, the President, Dr. Gross, delivered a closing address, and the Association adjourned, to meet next May in New Orleans.

We shall endeavour to lay before our readers in the next number an abstract of the proceedings of the several sections.

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Medical Society of the State of Pennsylvania.—This Society held its annual meeting in Harrisburg on the 10th, 11th, and 12th of June, 1868, in the hall of the House of Representatives.

Dr. Wm. H. Engle, on behalf of the Dauphin County Medical Society, welcomed the members.

A committee was appointed to nominate officers and censors for the ensuing year.

On motion of Dr. Curwen, Superintendent of the Harrisburg Lunatic Asylum, a resolution was adopted for the appointment of a committee to urge upon the legislature the propriety of enacting a law which should so determine the relations of the insane as to protect the medical profession in giving certificates of insanity, the insane from improper influences, and the community generally from injustice and oppression. He presented the resolutions adopted by the Association of Medical Superintendents of American Hospitals at their recent meeting in Boston, submitting a law to regulate the admissions to asylums of private individuals.

Drs. Curwen (Harrisburg), King (Pittsburg), Crawford (Lycoming), Atlee (Lancaster), and Richard J. Dunglison (Philadelphia), were appointed on the committee.

Dr. W. L. Atlee again brought before the Society a resolution interpreting the Code of Ethics to allow the admission of female physicians; which was defeated.

On motion of Dr. Jos. Parrish, of Media, a series of resolutions were adopted, among which was one for the appointment of a committee to report to the next meeting on the medical, social, and civil aspects of intoxication by alcohol and opium, and our duty as physicians in the premises.

The President appointed on said committee Drs. Parrish, of Delaware County; Price, of Chester; Wallace, of Erie; and Atkinson, of Philadelphia.

On motion of Dr. J. Cummiskey, a resolution was adopted to memorialize the State Legislature for the passage of an act authorizing the Society to appoint an inspector

of drugs for the State, and Drs. Cummiskey, Nebinger, and Bolles were appointed on the committee.

Dr. Cummiskey also offered a preamble and series of resolutions in regard to the practice of procuring abortion and the publication in newspapers of advertisements of medicines for that purpose, and asking for the appointment of a committee to present this matter properly before the legislature at its next session. After discussion the subject was referred to a committee, consisting of the mover, Drs. Nebinger and Wallace.

Dr. John L. Atlee, of Lancaster, on behalf of the Committee of Nominations, reported the following as the officers for the next year:—

For President: Dr. John Curwen, of Harrisburg.

For Vice-Presidents: Drs. Wm. Wallace, of Erie; J. G. Kohler, of Schuylkill; P. B. Breinig, of Northampton; Jacob Price, of Chester.

For Corresponding Secretary: Dr. W. B. Atkinson, of Philadelphia.

For Recording Secretary: Dr. James L. Stewart, of Erie.

For Treasurer: Dr. William Mayburry, of Philadelphia.

Committee of Arrangements and Credentials: Drs. George C. Bennett, D. D. Loop, and D. H. Strickland, of Erie, and W. B. Atkinson and William Mayburry, of Philadelphia.

Also the names of Censors for the several districts, and of delegates to other societies, and Erie for the next place of meeting, all which was unanimously adopted.

Dr. Jos. Parrish offered the following resolutions, which were adopted:—

Resolved, That Dr. Kirkbride, of the Pennsylvania Hospital for the Insane; Dr. Worthington, of the Frankford Asylum; Dr. Given, of Clifton Hall; Dr. Curwen, of Harrisburg, and Dr. Reid, of Dixmont, be requested to prepare an address on the legal and medico-legal definitions of insanity, with counsel to physicians how to diagnosticate it in private practice, and how to proceed wisely in procuring admission of patients to the several institutions over which they preside so successfully, and to publish the address in the medical journals and in the public papers, if they deem it proper to do so, at as early a day as may be convenient.

Resolved, That the Secretary be instructed to transmit a copy of this resolution to each of the gentlemen named.

Dr. W. M. Wallace, of Erie, offered the following, which was unanimously adopted:—

Resolved, That the thanks of this Society are sincerely tendered to the Medical Society of Dauphin County for their handsome and liberal entertainment of last evening, and for their kindness and courtesy so agreeably shown to the members of the State Society during our stay in Harrisburg.

The new officers were then installed, and the Society adjourned to meet at Erie on the second Wednesday in June next.

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Death from Chloroform. — Dr. B. F. Brown, of Oneida, Knox Co., Ill., records (*Chicago Med. Examiner*, June, 1868) an example of this in a healthy woman, æt. 35, mother of three children, who applied to a dentist to have a tooth extracted. She requested that chloroform should be given her, which she had taken six months before for the same operation without any bad effect. The dentist poured about two drachms on a sponge and held it a short distance from her face. After she had made three or four inspirations her respiration ceased, and she became pulseless. Artificial respiration and stimulating applications over the heart and extremities were at once resorted to, but without the least effect.

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University of Pennsylvania, Medical Department.—The autumn course of preliminary lectures for 1868, *free* to students, will commence on Monday, September, 7, and terminate on October 10.

The lectures will be delivered as follows:—

Microscopy, James Tyson, M. D., Microscopist to the Philadelphia Hospital.

Regional Anatomy, D. Hayes Agnew, M. D., Surgeon to the Pennsylvania Hospital.

Physical Diagnosis, James J. Levick, M. D., Physician to the Pennsylvania Hospital.

Diseases of the Skin, H. Lenox Hodge, M. D., Physician to the Children's Hospital.

Morbid Anatomy, William Pepper, M.D., Physician and Pathologist to the Philadelphia Hospital.

Pennsylvania Hospital.—Dr. James H. Hutchinson has been elected one of the attending physicians to this Hospital, to fill the vacancy caused by the resignation of Dr. W. W. Gerhard. The appointment is one well calculated to maintain the high reputation which this venerable institution has always enjoyed.

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Jefferson Medical College.—Dr. J. Aitken Meigs has been elected to the chair of Institutes of Medicine, which was lately vacated by Prof. Robley Dunglison. This appointment is considered an excellent one.

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Wills Hospital for the Blind and Lame.—The Board of Managers lately determined that four assistant surgeons should be added to the present surgical staff and they have elected to these positions Drs. Harrison Allen, Geo. C. Harlan, Edward Livezey, and —— McClure.

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Episcopal Hospital, Philadelphia.—Dr. Herbert M. Howe has been elected one of the attending physicians to this Institution to fill the vacancy caused by the resignation of Dr. James H. Hutchinson.

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Eye Hospitals in Philadelphia.—Our respected contemporary, *The Medical Record* (June 1, 1868), is in error in saying: "The *News* thus claims that the Wills Hospital was the second Eye and Ear Hospital established in the United States." On the contrary, we distinctly stated that the second Eye and Ear Infirmary established in this country was the "Pennsylvania Infirmary for Diseases of the Eye and Ear," opened on the 15th Feb., 1822, and which was chartered by the State legislature, and continued in operation for more than two years—when, in consequence of the insufficiency of its funds—the founding of a well endowed hospital for affections of the eye, and the election of one of the Surgeons of the Pennsylvania Infirmary who had been most active in its establishment as Surgeon of Wills Hospital, the Infirmary was closed. Its charter, however, has never been surrendered, and the corporators may, at any time, collect funds for the purpose and reopen it, should they deem it expedient to do so.

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Jewett and Russel Prizes.—The Committee of the Connecticut Medical Society on Prize Essays have awarded both the Jewett and Russel Prizes of *two hundred dollars* each to Drs. Roberts Bartholow of Cincinnati, Ohio, for essays on "the proper use and abuse of quinia," and on "the best hygienic measures for the preservation of an army."

The unsuccessful essays are held subject to the order of their authors.

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The Mahopac House, for the Relief and Cure of Epileptics and Paralytics.—Dr. M. Gonzalez Echeverria, well known to have paid especial attention to diseases of the nervous system, has opened at Lake Mahopac, Putnam County, New York, a private institution for the treatment of those suffering from epilepsy, paralysis and other nervous diseases.

He states, in his circular, that "in carrying out the important object of this Institution, it is designed to improve or cure such sufferers from epilepsy and paralysis, not by *specific remedies*, but mainly by the association of hygienic and medicinal means; the plan of treatment being modified according to the individual conditions of every case, and looking to invigorate the organism by making it undergo a deep change, increasing the power of nutrition, usually so deficient with epileptics and paralytics.

"The Mahopac House, by its high location and proximity to one of our most beautiful lakes, affords every condition of unsurpassable healthfulness and quietness, so much needed for the successful treatment of nervous diseases. The House is fitted up with gas, water, bath-rooms, and all necessary to the best comfort of patients. It is also provided with a billiard table, a room for calisthenics, the proper apparatuses for exercise and cure of paralytics, and the arrangements to administer the different kinds of baths.

"Particular attention is paid to cases of infantile paralysis, and to the deformities of the limbs consequent thereon, capable of being cured by systematic exercise, the application of electricity, local baths, &c.

"Cases of dipsomania and of nervous derangements induced by intemperate habits, are also received and treated at the Institution."

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Obituary Record.—Died, suddenly, in Boston, April 17th, 1868, aged 74 years, John Homans, M. D., one of the most highly esteemed, respected, and useful physicians of that city.

Died, in New York, April 26th, 1868, Isaac Wood, aged — years, a much honoured, upright, valued practitioner.

—— New York, April 7th, 1868, John P. Batchelder, in the eighty-third year of his age. Dr. B. formerly occupied the chair of Anatomy in Castleton College, Vermont, and subsequently that of Surgery in the Medical School at Pittsfield, Mass. For the last quarter of a century he resided in New York where he was much respected, and was at one period President of the Academy of Medicine.

—— In Philadelphia, on the 11th June, aged 80 years, Nathan Shoemaker, M. D. Dr. S. had for some years retired from the active duties of the profession, but at one time he enjoyed an extensive practice, especially as an accoucheur, and was universally respected, for his skill and high moral character.

FOREIGN INTELLIGENCE.

Spinal Origin of Rheumatism.—Dr. Day, of Stafford, recently read before the Medical Society of London, a paper in which he advocated the views put forth several years ago by the late Dr. J. K. Mitchell, of Philadelphia, as to the spinal origin of rheumatism. Dr. Day maintains that in all cases of acute rheumatic disease the cerebro-spinal system is first implicated. There is congestion or irritation of the spinal nervous system, with secondary consequences—viz., increased heat of surface (as is common after nerve-injury), redness, pain, and stiffness of muscles, and through the sympathetic nervous system, disorder of the digestive functions. The first impression made upon the nervous system is not necessarily directly upon the nerve-centres, but on the peripheral extremities of the nerves, whence it is communicated to the centres. Dr. Day, in illustration of his views, referred to the theory of resistance of force in the nervous system as recently propounded by the president of the Society, and expressed a strong opinion that that theory was in entire accord with the theory of the spinal origin of rheumatism, and with the facts of the allied disease, cerebro-spinal meningitis. The first difficulty to be contended with in the adoption of the theory of the spinal origin of rheumatism consists in the many evidences which seem to support the idea that rheumatic fever is what is called a blood-disease, and that the symptoms depend upon the presence of a poison in the blood—lactic acid. Dr. Day does not deny the presence of this acid, or of a similar organic acid, neither does he dispute that it is provocative of mischief when it is present; but he contends that the acid is a product, and is a secondary occurrence. Dr. Day's experience has been large and varied. He is known to be an accurate observer of disease. His opinion is entirely in accordance with the belief of many modern physicians of advanced views, and deserves the closest attention. Dr. Richardson stated that he *had relinquished the idea that lactic acid was the active agent in the production of rheumatism*, and was disposed to seek for the *vera causa* in some such direction as that indicated in the paper.—*Lancet*, May 23, 1868.

Fungoid Theories of Disease.—Dr. Salisbury has added thirty new varieties of vegetable parasites, which he describes as characteristic of particular conditions of the urinary, intestinal, and mucous secretions generally. Meantime, Dr. Gavin Milroy has obtained from the Rev. M. J. Berkeley, the most distinguished of British mycologists, answers to an elaborate series of questions on epiphytes in plants and epidemics of blights or epiphytes, hoping that they might throw some light upon our own observations of epidemic diseases of man. Dr. Milroy's questions are very carefully devised to cover the whole ground of telluric and atmospheric influence. The answers are too long to be quoted here, and we must refer our readers for them to the *Gardener's Chronicle and Agricultural Gazette* for May 2d and 9th, 1868. The following are perhaps the two most directly important points which are elucidated.

"13. *Q.* Have any particular epiphytes been observed to be frequently antecedent to, or coexistent with, epidemic diseases in men, or with murrains among the lower animals? Is there any published record or register of such coincidences? Also, has any inter-relation or mutual connection been observed between the occurrence of different epiphytic disease?—*A.* Ergot is the most prominent instance. It not unfrequently, where rye is extensively used, produces disease, and I have reason to be-

lieve that, in years when it is prevalent in grass fields, cows and ewes are apt to slip their young. I believe that it sometimes produces gangrene in sheep. I do not believe in Hallier's views of the connection of cholera with parasites on rice. I am taking great pains to ascertain what are the rice-parasites. I believe Hallier's notions to be entirely theoretical. That some cutaneous disorders arise from fungi is pretty certain, but there is nothing to show that fevers, or other contagious or infectious diseases, arise from the same cause. It was supposed that diphtheria depended on a fungus; but I have examined diphtheria membranes, in which there was no fungus. No interrelation between different epiphytic diseases has been observed, unless the connection between the æcidium of the berberry and wheat-mildew be considered as proved; but, even if this were the case, it merely shows that the same fungus may exhibit different phases under different circumstances, as is undoubtedly true in puccinia and aregma, not to mention other epiphytes.

"15. *Q.* What is, or what is believed to be, the pathology or visible morbid change which constitutes, or is at least always associated with, the best known epiphytic diseases? Has it been shown to be of the nature of an organic germ, or spore, or molecule? or is the subject still as occult and inscrutable to the vegetable physiologist as the originating cause of most epidemic diseases is to the physician?—*A.* In the bunt the whole process is traceable; the parasite obtains admission from without, and the spawn traverses the young plants. In plants impregnated by myself I have seen the stem as well as the grain affected; but I never saw this in the fields. The potato murrain, again, is distinctly traceable in affected tubers, the threads seeming to have a power of decomposing the cell-walls so as to gain admission to the tissues very deeply. In some cases the effect of the presence of the parasite is to produce a hypertrophy of the tissues, in bunt an intensity in the colour of the chlorophyll, or at least such an alteration of colour that a practised eye will at once detect a bunted plant. In many cases, however, I doubt whether the best microscopes will always detect fungous spawn; and such investigations require great caution, as the junctures of the cell-walls are very deceptive."—*British Medical Journal*, May 23, 1868.

New Anæsthetic Agent.—The editor of the *Med Times and Gazette* states (No. for May 30, 1868) that he has witnessed some experiments performed by Dr. B. W. Richardson, with a new anæsthetic agent, methylic ether. This substance is made by acting on methylic alcohol with sulphuric acid, and washing the product with solution of potash. Methylic ether is obtained as a gas, but it is very soluble in ether and alcohol. One volume of water takes up thirty-seven volumes of the gas. Its chemical composition is $(\underline{C}H_3)_2\underline{O}$. The specific gravity of the vapour is 23. Dr. Richardson's experiments were performed with this gas dissolved in ether to saturation. As an anæsthetic agent it differs from ordinary ether in its lower specific gravity and in the fact that blood absorbs it much more readily. (According to Dr. Richardson, blood will dissolve at 60° Fahr. as much ordinary ether as would represent twenty-two volumes of vapour. At the same temperature blood will dissolve thirty-six volumes of methylic ether vapour. At the temperature of the body, 98°, the absorption would be in nearly half these proportions—*i. e.*, the circulating blood would take up eleven volumes of common ether vapour and eighteen volumes of methylic ether vapour.) The experiments we witnessed were made on pigeons. In one case the animal was placed under a bell-jar, and the atmosphere impregnated with methylic ether; in the other the pigeon was made to inhale the vapour from a kind of respirator. In both cases complete anæsthesia was very rapidly and easily produced. The sleep was quiet and perfect. The anæsthetic appears to produce its effect without agitation or convulsion, and it is not generally followed by sickness. In the case of one of the pigeons the eyes remained open during the insensibility. The rapid action of this anæsthetic in all the experiments—less than a minute—points it out as likely to be specially useful in quick operations, such as tooth-drawing, where it is desirable that anæsthesia should be rapidly produced. Dr. Richardson has experimented on himself with this substance. It was observed that in his case there were no preliminary spasm about the larynx or elsewhere, no rigidity, no alteration of colour, or lividity. The anæsthesia was perfect, was preceded by no convulsion, and followed by no sickness. During the administration the pulse rose to about 96.

Tincture of Pyrethrum Roseum, a Specific against Noxious Insects.—A well-known German traveller, F. Jager, in his *Sketches of Travels in Singapore, Malacca, Java* (Berlin, 1866), describes the powder of the Pyrethrum roseum as a specific against all noxious insects, including the troublesome mosquitoes and those which attack collections. He says: "A tincture prepared by macerating one part of the Pyrethrum roseum in four parts of dilute alcohol, and, when diluted with ten times its bulk of water, applied to any part of the body, gives perfect security against all vermin. I often passed the night in my boat on the ill-reputed rivers of Siam without any other cover, even without the netting, and experienced not the slightest inconvenience. The 'buzzing,' at other times so great a disturber of sleep, becomes a harmless tune, and, in the feeling of security, a real cradle-song. In the chase, moistening the beard and hands protects the hunter against flies for at least twelve hours, even in spite of the largely increased transpiration due to the climate. Especially interesting is its action on that plague of all the tropical countries, the countless ants. Before the windows, and surrounding the whole house where I lived at Albay, on Luzon, was fastened a board six inches in width, on which long caravans of ants were constantly moving in all directions, making it appear an almost uniformly black surface. A track of the powder several inches in width, strewed across the board, or some tincture sprinkled over it, proved an insurmountable barrier to these processions. The first who halted before it were pushed on by the crowds behind them; but, immediately on passing over, showed symptoms of narcosis, and died in a minute or two; and within a short time the rest left the house altogether."—*Brit. Med. Journ.*, May 30, 1868.

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Fat from Flesh.—Herren Voit and Pettenkofer, in publishing a result which must materially modify the laws of physiology and hygiene, urge as a further illustration of what they have demonstrated as a scientific problem, the familiar instances of the sucking-pig and the wax of the common beehive. Here, they say, we have the existence of definite fatty substances, whose quantity is infinitely greater than that contained in the material from which it is obtained. As a mere chemical illustration of the force of their views, they refer to the development of fatty acids in the decomposition of ordinary albumen. These, say the Bavarian chemists, are striking indications of the possibility of converting albuminous substances into fat, and yet physiologists have overlooked them in their acceptance of a theory of the formation of fat from hydrocarbons—a theory which is absolutely undemonstrable. But as hypothetical argument meets with little favour from practical men, and as the *experimentum crucis* is looked to as the highest test of a sound empiricism, we shall lay before our readers some of the very singular experiments which have been conducted by Professors Pettenkofer and Voit.

The first animals selected for experiment were dogs, and of these some were fed upon pure albumen, and others were submitted to a starchy diet; and what were the results? The dogs fed upon albumen absolutely fattened upon it, and fatty matter was found in their excretions. Those, on the other hand, whose diet had been starchy never fattened at all. A nursing bitch was next selected for experiment. She was fed upon several varieties of food, but was found to form the greatest quantity of fat from pure flesh; indeed, when she was fed upon a mixed diet of flesh and hydrocarbons, it was discovered that the quantity of fat and sugar in her milk had sensibly diminished. An objection to the conclusions drawn from these inquiries—at least so far as they refer to man—might be found in the fact that carnivorous animals may differ from omnivorous in regard to the physiology of digestion; but this objection would, we apprehend, be more apparent than real.

However, even on this point the opponents of the new hypothesis would be fully met by the experiment we are now about to detail. A milch cow having been set apart for observation, she was watched from hour to hour for a period of a week by Herr Voit's assistants, and the urine having been carefully collected, the results given below were arrived at, and for their accuracy Herr Voit pledges his reputation as a chemist.

"In the course of six days the cow consumed in meal (?) and hay 1407 grammes of nitrogen, and eliminated 1440 grammes in the urine, excrements, and milk, the difference thus corresponding to about 2 per cent. In the 80·6 kilogrammes of hay and the 14.7 kilogrammes of meal there were 2663 grammes of fatty matter, 1044 grammes were found in the excrements, and conse-

quently 1619 grammes were introduced into the circulation. In the urine, weighing 178 kilogrammes, were found 562·4 grammes of nitrogen. If we calculate the quantity of corresponding albumen, and the quantity of carbon contained in this albumen, we find that the latter is equivalent to 2220 grammes of fat, which it is necessary to reduce to 2120 only, because 4.5 per cent. of the carbon remains united to the oxygen after decomposition of the albumen. The 57.3 kilogrammes of milk contained 1877 grammes of albuminoid substances, 1976 grammes of fat, and 3177 grammes of sugar. The albumen in the body may thus produce 144 grammes of fat more than is found in the milk. Now, the carbon of the sugar of milk corresponds to 1670 grammes of fat, whilst the 144 grammes in question, added to the 1619 of the food, make a total of 1763."

The immense difference between the ingested and egested fat shows clearly enough that it is not necessary to have recourse to the hydrocarbon theory to account for the development of fat in the body. "Consequently (say the Munich *savants*) it is extremely probable that, even in the herbivora, hydrocarbons do not furnish matter for the formation of fat, but allow of its development by being consumed, and thus supplying what it would otherwise provide for." Whatever may be the ultimate decision as regards these surprising results, one thing is certain —the hypothesis which has been promulgated by Herren Pettenkofer and Voit is one of the highest interest to the physiological chemist, and one which must leave its mark on the physiology and practical medicine of the future.—*Med. Times and Gaz.*, May 23, 1868.

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Suture of Nerves.—At the Society of Surgery, M. Paulet has read a very elaborate paper on the Immediate and Indirect Consequences of Traumatic Lesions of Nerves. Two cases here recently have excited interest in this subject. In one, M. Langier united by suture the cut ends of the median nerve; and on the same day there was a commencement of restored sensibility and voluntary movement. In the other, M. Richet demonstrated, notwithstanding the complete section of the median nerve, that tactile sensibility persisted in the thumb, index, medium, and ring fingers. These clinically observed facts are entirely opposed to the teachings of experimental physiologists who have divided and resected nerves. To explain them, reference has been made to peripheral anastomoses, such as M. Robin has pointed out between the median and radial, for the nervous filaments distributed to the tactile corpuscles. But M. Paulet points out that, if the explanation lies here, the function should have been carried on by them immediately after the section of the nerves, not slowly re-established. After a very long literary research and a great number of experiments, he confesses himself unable to elucidate the difficulty and discord. —*Brit. Med. Journ.*, May 16, 1868.

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Comparative Action of Various Disenfectants in the Purification of Ship's Bilges. —The *Medical Press and Circular* (June 10th, 1868) contains a translation of an interesting paper on this subject by Dr. Berenger-Feraud, published in the *Archives de Médecine Navale.*

The following are Dr. B 's conclusions :—

1. Wood charcoal is radically inefficient and inapplicable.

2. Chlorine and chloride of lime are hurtful as well as inefficient.

3. Carbolic acid is of no use, and has an insupportable odour.

4. Protosulphate of iron may for the present be preferred ; it is sufficiently active to be of considerable use, and very low in price.

5. Permanganate of potash is infinitely superior to all the preceding substances, and is destined to put them all into the shade so soon as it can be sold at a figure permitting its use on the large scale. Even its present price is no bar to its employment, when it is necessary rapidly and completely to purify a ship's fetid bilges.

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Liebig and his Opponents.—When the brilliant speculations of Pasteur on the subject of fermentation and of Fick and Wislicenus on that of nutrition were published, the old supporters of Liebig's hypotheses expected that the "father of organic chemistry" would be roused to defend his doctrines, and when they found Liebig silent, they construed his reticence into an admission that his opinions were unfounded. How gratified they will be to know that the veteran has returned to the charge, and, in a lecture just delivered (May 10) before the Academy of Sciences of Bavaria, has analyzed and rejected as unsound the theories of his adversaries! Assuredly Liebig's ob-

jections to Pasteur's method of experimentation, however little they afford a proof of his own doctrines, appeal to common sense against those of his opponent. One of Pasteur's most remarkable experiments on the subject of fermentation was that in which he proved (?) that the yeast fungus grows and increases in a mixture of tartrate of ammonia, sugar, and yeast ashes. To this experiment Liebig objects, that the principal constituent of yeast is a substance rich in sulphur, and since the experimental solution contained no sulphur, it was impossible that the yeast could have grown in it. In reply to Fick and Wislicenus, whose theory of nutrition has thrown such doubt on Liebig's, the President of the Bavarian Academy says that the experiments of these chemists rest on a series of misconceptions as to the nature of the organic processes involved in nutrition. "It is," he says, "just as impossible by the combustion of dried muscle to calculate its efficiency in the living body as it was by the combustion of a dried bee to estimate the work which it accomplishes in the flight of many hours, carrying the weight of its own body several miles."—*Med. Times and Gaz.*, June 6th, 1868.

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Lateral Hermaphroditism.—In the *Liverpool Medical and Surgical Reports*, October, 1867, Dr. Rawdon describes a case of true lateral hermaphroditism, in which a tolerably developed vagina and uterus were present. In the left broad ligament a Fallopian tube, a round ligament and apparently a parovarium were found, but no trace of either testicle or ovary; in the right broad ligament a Fallopian tube and a distinct testicle, with an epididymis, and a vas deferens, which was traceable on the side of the uterus as far as the cervix, the junction between the testicle and the epididymis being very feebly, if at all developed. The conformation of the pelvic cavity was between the male and female types. It was alleged by the person that a partial occurrence of the menstrual secretion took place regularly. The case is of interest in its bearings on the developments of the genital apparatus, and from the coexistence of a Fallopian tube and a vas deferens on the same side of the body, it supports the view that these ducts are developed from distinct embryonic structures, viz., from the Müllerian duct and the excretory duct of the Wolffian body.

Mrs. Lyon and the Celebrated Spiritual Medium Home.—It appears from our late journals that the suit brought by Mrs. Lyon against the celebrated spiritualist, Home, for the recovery of a large amount of money, of which that weak and credulous lady had been deluded, under spiritual influences exercised by the cunning medium who had made a submissive convert of her, has been decided in her favour.

Vice-Chancellor, Sir G. M. Giffard, in delivering judgment in the case of Lyon *v.* Home, spoke a few sentences with regard to the so called "spiritualism" of which the defendant is a "medium," that well deserve permanent record as a valid criticism of a prevalent psychological delusion which readily lends itself to imposture.

"I have now only a few words to say in conclusion. I know nothing of what is called 'spiritualism,' otherwise than from the evidence before me; nor would it be right that I should advert to it, except as portrayed by that evidence. It is not for me to conjecture what may or what may not be the effect of a peculiar nervous organization, or how far that effect may be communicated to others, or how far some things may appear to some minds as supernatural realities, which to ordinary minds and senses are not real. But, as regards the manifestations of and communications referred to in this case, I have to observe, in the first place, that they were brought about by some means or other, after, and in consequence of, the defendant's presence—how, there is no proof to show; in the next, that they tend to give the defendant influence over the plaintiff, as well as pecuniary benefit; in the next, that the system, as presented by the evidence, is mischievous nonsense, well calculated, on the one hand, to delude the vain, the weak, the foolish, and the superstitious; and, on the other, to assist the projects of the needy and of the adventurer; and, lastly, that beyond all doubt there is plain law enough and plain sense enough to forbid and prevent the retention of acquisitions such as these by any 'medium,' whether with or without a strange gift. And that this should be so is of public concern, and (to use the words of Lord Harwicke) 'of the highest public utility.'"

Judgment was given against the defendant, Home; and he has to transfer and assign the whole of the fraudulently acquired £60,000 to the plaintiff, Mrs. Lyon.

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Eminently scientific and practical, written up to the present state of ophthalmic knowledge, and fully sustaining Mr. Laurence's reputation as an original thinker, and a clever and learned author.—*Dublin Quarterly Journal of Medical Science*, August, 1867.

No book on ophthalmic surgery was more needed. Designed, as it is, for the wants of the busy practitioner, it is the *ne plus ultra* of perfection. It epitomizes all the diseases incidental to the eye in a clear and masterly manner, not only enabling the practitioner readily to diagnose each variety of disease, but affording him the more important assistance of proper treatment. Altogether this is a work which ought certainly to be in the hands of every general practitioner.—*Dublin Med. Press and Circular*, Sept. 12, 1866.

Extremely well calculated to give a sort of bird's-eye view of modern ophthalmology. As far as it goes it is very clear and accurate; and it mentions nearly every subject of importance. It scarcely contains an irrelevant or unnecessary sentence; and it is an example of the kind of condensation that can only be accomplished by writers who are perfectly conversant with the subject of which they treat.—*The British and Foreign Med.-Chirurg. Review*, July, 1866.

There is very much valuable matter compressed into the book, and its careful perusal will abundantly repay not only one who wishes to get a quick survey of the present state of ophthalmology, but also the practitioner to whom it is important to compare others' opinions with his own. We recommend the book to all interested in the subject, not doubting it will contribute to the diffusion of knowledge on an important branch of the art of healing.—*Boston Med. and Surg. Journal*, August 2, 1866.

We have read this little volume with great pleasure, and could not be induced, for thrice the published price, to be without it.—*Atlanta Med. and Surg. Journal*, March, 1867.

Not only, as its modest title suggests, a "Handy-Book" of Ophthalmic Surgery, but an excellent and well-digested *résumé* of all that is of practical value in the specialty. Within the past fifteen or twenty years innumerable contributions have been made to ophthalmology, many of which are so overloaded with pedantry and impracticable suggestions that it is difficult for the student, or even for the practitioner who cannot devote special attention to this branch, to sift the wheat from the chaff. To such as these Mr. Laurence's book is especially valuable, containing nothing but what is of practical moment.—*N. Y. Journal of Medicine*, Nov. 1866.

This treatise on diseases of the eye is one of the best and clearest compendiums on this subject that have come under our notice. The authors have aimed rather to state facts than to explain them, and they have in this way succeeded in adapting their work to the needs of the general practitioner, who has not enough leisure time to devote to a thorough study of the subject. As a book for hasty reference, we recommend it heartily.—*Detroit Rev. of Med. and Pharm.*, April, 1867.

This work is a most excellent *résumé* of all that is of practical utility in this specialty, and will be found of great value by general practitioners, those who, living at a distance from the centre of Medical and Surgical observation, are frequently called upon to treat diseases of the visual organs. It is amply illustrated by clear and distinct wood engravings, and further enriched by a series of instructive and highly interesting cases.—*Canada Medical Journal*, Feb. 1867.

LAWSON ON INJURIES OF THE EYE.

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HENRY C. LEA, Philadelphia.

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Clinical Lecture on Facts Connected with the Duration and Diagnosis of Rheumatism. By S. O. Habershon, M. D., London, Physician to Guy's Hospital, &c.

What is rheumatism? and what is the value of its statistics?

From the variabilities in our English climate, rheumatism is a disease of most frequent occurrence, and not only do instances continually arise in ordinary practice, but it is almost the exception to find any person who has arrived at years of maturity who has not at one period or other suffered from rheumatic pain. Still, it is beyond the reach of our present knowledge to say precisely what rheumatism is, or to indicate the changes which take place in the organic chemistry of the system during its attack. Some affirm that peculiar metamorphoses induce a disordered condition of the fibroid tissues of the body, and that in some persons these changes are more easily excited than in others, constituting a "rheumatic diathesis." Others advance a step further, and assert that the production of lactic acid by perverted nutritive changes constitutes the proximate cause of rheumatism. Dr. Prout suggested that this acid was the origin of the rheumatic symptoms, and Mr. Simon and Dr. Richardson have demonstrated that if introduced into the system, as by injection, it will produce symptoms of cardiac inflammation resembling rheumatic endo- and peri-carditis; and the presence of acid perspiration, the excess of uric and sulphuric acids in the urine, have seemed to favour some such an hypothesis. But *one* symptom does not constitute rheumatism, for there is in this malady a dis-

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turbance of the whole organism, and not only the blood, and fibrous tissues, but the entire *nervous* system is involved in the morbid process.

It is not surprising that there is a remarkable difference in the severity and in the duration of rheumatism; and, in many instances, these peculiarities may be explained by constitutional complications. Both inherited and acquired morbid tendency thus greatly modify the course of rheumatic disease: one malady does not preclude the existence of another; these associations are often overlooked, they render an uniformity in treatment almost impossible, and they greatly *diminish the value of statistical returns.*

Some of these complications may be briefly dwelt upon, and they are of undoubted importance in everyday practice.

1. Rheumatism occurring in strumous subjects.
2. Rheumatism after syphilis, without ordinary periostitis.
3 Rheumatism with, or directly after, gonorrhœa.
4. Rheumatism in persons of intemperate habits.
5. Rheumatism in advanced life.
6. Rheumatism with miasmatic poisoning.
7. Rheumatism accompanying zymotic disease.

1. The occurrence of rheumatism with struma is by no means an unusual event. It is not only found amongst the poor, but even amongst those who are enabled to use every means of protection from exposure to cold, and from the inclemency of the weather. I might adduce many instances which have come under my care in the wards of Guy's Hospital. In some of these delicate patients, there is a greater tendency to persistent effusion into the joints; and in some patients organic disease of the larger joints is preceded by a true rheumatic attack; such cases are happily, however, rare. A short time since, a young man, on admission under my care at Guy's, was found to have effusion and commencing caries of the knee-joint, and it was considered as of a rheumatic character, for several other joints had been affected in a transient manner at the commencement of the acute symptoms. Again, it has appeared to me that rheumatic effusions into the pleura are more difficult of absorption in strumous subjects; and it is probable that acute cardiac affections run a more rapid course.

In directing the treatment of rheumatism, a strumous diathesis should receive special consideration. Violent measures are badly tolerated, and the convalescence is thereby greatly retarded, even if irreparable mischief is not induced. Strumous subjects are most unfavourable for any depletory measures; and we cannot too strongly express our sentiments in reference to the free use of mercurial medicines. We have seen acute pericarditis come on during salivation, followed by great irritability of the heart; and the convalescence of patients affected with rheumatism, who have been treated with mercurial medicines so as to affect the system, is we believe, slow and tedious.

Another fact well worthy of consideration, in reference to the effect produced by preparations of mercury, is that, when the valves of the heart have been thickened and contracted from old rheumatic disease, the relief arising from the increased activity of the abdominal glands by this medicine is often very marked; but, unless it be speedily withheld, the muscular fibre of the heart becomes enfeebled, and thereby dilatation is increased; and in some instances we have witnessed ulceration in an old damaged valve, which was possibly due to the same cause.

A favourite plan of treatment with some practitioners is the very free use of alkalies in acute rheumatism; but neither is this plan free from injurious effect, especially in strumous subjects. There are three conditions that we have thought attributable to, or, at least, greatly promoted by, this excessive administration of alkalies: 1, great anæmia; 2, excessive irritability of brain; and 3, irregular choreal movements. The alkalies, doubtless, enter the blood, and that perhaps more readily than any other medicine; and, when given in immoderate quantity, they change the blood constituents in a manifest degree. The second condition of functional irritability of the brain is, perhaps, due to a similar cause. We are well aware that all these states may be quite independent of these remedies; but we believe that these conditions may arise from the improper use of remedial agents.

We do not mean to affirm that alkalies, when given so as to produce more free action of the kidneys and other glands, are not of service, nor that a free mercurial purga-

tive is not also beneficial; but to administer ounce after ounce of alkaline remedy to neutralize so much lithic acid or lactic acid, because the perspiration and the urine are unusually acid, is certainly neither physiological nor is its good result borne out by clinical experience.

Strumous subjects with rheumatism soon bear the preparations of steel with advantage, as the iodide of iron, the potash tartrate, &c.; and in some, especially chronic cases, cod-liver oil is of great value.

2. Periosteal disease is a common sequence of syphilis; and not only does the true periosteum become affected, but other fibroid tissues are implicated; pain is produced, and the patient is said to have rheumatism; but, besides this spurious rheumatism, persons who have been poisoned by syphilis are often the subjects of true rheumatic disease of the joints; the joints become red, swollen, and painful, and the malady presents all the characters of the simple ailment. We have, however, found that it subsides less easily, and is very apt to return on the slightest exposure to cold and wet.

In the treatment, alkalies are often of great value, especially the iodide of potassium; and, where there is diminished power, these alkaline remedies should be combined with quinine or with bark in one or other form.

3. Whilst some altogether deny the existence of gonorrhœal rheumatism, others regard it as a form of pyæmia; gonorrhœa is, unfortunately, so common a disease, that very many hospital patients are found with it; and in many instances only a short period elapses before the symptoms of rheumatism are developed, or they arise whilst the discharge continues. What, however, is the relation of the two ailments? Is their occurrence a mere coincidence? or does the pain in the joints arise from a poisoned condition of blood allied to suppurative fever? Instances have occurred in which acute suppurative articular disease of a fatal kind has happened, several joints being involved, for which no cause could be traced but the gonorrhœa then existent. Still, whilst numerous instances of gonorrhœa occur without any articular affection, or any recognizable disease of the blood, the following instance shows the manner in which the veins sometimes become involved. A patient, some years ago, was admitted under my care into Guy's Hospital for acute pneumonia on the right side. The symptoms were well marked; and, with saline treatment (bicarbonate of potash), he speedily convalesced, and was about to leave the hospital. Fatal symptoms, however, very unexpectedly came on; for, after a good night and partaking of his usual breakfast, even assisting to clear away the breakfast things, he told the nurse that he was faint; he sat down upon the edge of his bed, and in about half an hour he died. The lung was recovering, as we expected, and the pneumonic deposit in it had become nearly absorbed; but we found, what had previously not been ascertained, that he had recently suffered from acute gonorrhœa. The veins at the base of the bladder were filled with adherent fibrin, the iliac veins were in a similar state; and a clot separated from these veins had been carried to the right ventricle, and the action of the heart became so embarrassed as to cause speedy death. Rheumatism associated with gonorrhœa or gleet is, we believe, unusually persistent.

4. In persons of intemperate habits, whose vessels have become diseased and the viscera damaged, we have another cause for longer duration in an attack of rheumatism; but this obstinacy of character is still more manifest where—

5. The malady occurs at a period of life, when the vessels have become degenerated. Senile rheumatism has peculiarities, and one of them is greater persistency.

6. When persons who have resided in miasmatic districts become affected with rheumatism, there is a more marked periodicity in the symptoms: one day the skin being normal, the next clammy and perspiring, with rheumatic pains. We have witnessed, with enlarged spleen, sudden severe eruption on the skin, at first, in red blotches of roseola, and afterwards blebs, resembling rupia escharotica, showing that there was, at least, peculiar cachexia, modifying the rheumatic affection.

7. Instances have been recorded, in which zymotic diseases, as typhus and typhoid, have been accompanied with rheumatism. I have never witnessed well marked instances of this kind; but there is nothing opposed to the known facts of disease, that an affection, having its origin in disordered metamorphic changes, should coexist with one arising from animal poison, as typhus. It must, however, be remembered, that some

cases of pyæmia closely resemble typhus fever. A few months ago, a woman was under my care in the hospital for chronic rheumatism. She slowly convalesced, and was about to return home partially relieved. In the next bed was a severe case of typhus, and the rheumatic patient became alarmed, the tongue became dry and brown, the pulse small and very compressible; there were no maculæ, and the temperature was not much increased. It was feared that she might sink from exhaustion; stimulants were given freely; she rallied in a few days, and left the hospital. It was doubtful whether the symptoms arose from nervous alarm, or whether the contagion of typhus had anything to do with the sudden prostration. If, then, there be such complications, and others that might be mentioned, statistics, unless compiled with more than ordinary care, must be exceedingly deceptive and of comparatively little value.

Again, whilst there are many characteristics of true rheumatic disease, few maladies are more easily mistaken, and there is *no* sign which is *uniformly* present. Pain is, perhaps, the most constant indication, with stiffness of one or other joint; but rheumatic pericarditis may, and often does exist, without any pain whatever. The same may be said in reference to febrile symptoms, to increase of temperature, and to changes in the urine; none of these signs are pathognomonic.

Many maladies are designated rheumatic which have no connection with that disease.

1. *Diseases of the spine* are often said to *commence* with an attack of rheumatism; but it will generally be found that the pain in the course of the nerves or in the fibrous tissues arises from direct implication of the nerves or of their centres.

2. The same remark applies to pain produced by the pressure of *cancerous*, *aneurismal*, or other tumours. Thus cancerous disease of the lumbar glands is often mistaken for lumbago; so also the pain from aneurismal disease of the thoracic and abdominal aorta, when no pulsating tumour can be detected, is referred to rheumatism.

3. During the course of *renal disease*, abnormal irritation arises not only in the serous membranes, producing pericarditis, pleurisy, peritonitis, &c., but a similar change happens with the synovial membranes, and a form of disease is induced which simulates rheumatism.

4. In chronic poisoning by *lead*, vague pains in the fascia, as well as in the joints, have been designated "saturnine arthralgia."

5. We have already referred to *periosteal disease* as a source of fallacy in the diagnosis of rheumatism.

6. *Shingles* or *herpes zoster* may be found in the course both of the cerebral and spinal nerves; and the severe pain which precedes the eruption of the vesicles, and which also follows their disappearance, closely simulates local rheumatism.

7. A more important disease, and one which is attended with fatal issue, is *pyæmia*. It closely resembles rheumatism; for, with rigor and febrile symptoms, there is fixed pain and swelling in the joints—first one, then another, being affected, though without subsidence of those parts first attacked. But, whilst there may be some similarity in the symptoms, the prognosis is widely different. The one is generally a curable disease; the other, a fatal one.

We might also refer to the severe pains in the back which precede some of the exanthems, as smallpox; and to the general *malaise* of fever; but these could scarcely be mistaken for rheumatism. And, lastly, the symptoms described as arising from acute *trichinous disease* have some resemblance to rheumatism in the pain in the limbs. I have never seen an instance of a patient dying in consequence of this affection, although in numerous cases I have witnessed the trichina spiralis in the muscles after death.

It is an excellent rule, whenever there is local pain, to examine for a local cause; but it is often surprising to notice the strange maladies which are designated as rheumatic, at one part or other of their course, from the character of the pain; and, even when the disease is truly rheumatism, we attach but little value to statistics drawn up without reference to individual peculiarity. The natural result of this disregard of constitutional difference is to follow a routine plan in the remedies employed; in fact, treating the disease rather than the patient. We believe that rheumatism may be greatly relieved, or shortened in its course, by the proper use of means; and we strongly deprecate the treating of mere symptoms, as both injurious and unphysiological. But we would urge that each case be estimated

in all its relations; and that a patient having severe rheumatism should not be at once dosed with calomel and opium, or with a certain number of drachms of saline medicine, irrespective of every other consideration.—*British Med. Journ.*, June 20, 1868.

HOSPITAL NOTES AND GLEANINGS.

Surgical Aneurism in the London Hospitals.—One of the most interesting facts in connection with practical surgery of modern times, both in our own country and on the continent, is the great diversity in the method of treating aneurismal tumours connected with arteries near the surface of the body. The cases recently reported in foreign journals by Beck, Frommhold, Vanzetti, Gussman, and others, together with some presented almost weekly to the visitors of metropolitan hospitals, prove that the Hunterian operation of tying the artery between the aneurism and the heart is, notwithstanding the frequent allusions made to it by hospital surgeons as a splendid example of a beneficial practical result derived from scientific research, rapidly falling into comparative disuse. Many new plans—as, for instance, the maintenance of the affected limb in a flexed position in some instances, and in a state of extension in others, digital compression, acupressure-needles, galvano-puncture, the injection of styptics into the sac, and the internal administration of acetate of lead—all these methods of treatment have been of late years applied with beneficial results; but so far has the need for a greater variety been carried, that even old and long-disused proceedings have again been resorted to, and the artery is now tied above and below the incised sac, compression applied both to the sound vessel and to the tumour itself, and ice and astringent agents placed over the swelling. This multiplicity of treatment may be considered a matter for regret, if it lead in any degree to uncertainty as to the best method of treating any single case. But it has the one beneficial result of widening the resources of the surgeon; and in cases where the Hunterian operation is not applicable, either from the position of the aneurism, the irritation and position of the arteries, etc., some other method is now generally tried, and a chance of recovery is given to the patient which not unfrequently leads to success. A very interesting case of this kind was presented in the operating theatre of King's College Hospital on Saturday last. The patient, a middle-aged man, under the care of Sir William Fergusson, was affected with a large pulsating tumour in the left inguinal region. It was diagnosed as an aneurism; but, as the growth extended far upwards into the abdominal region and also downwards to the thigh, it was doubtful whether the disease had commenced in the common iliac, the external iliac, or the superficial femoral. The situation of the tumour rendered deligation of the vessel above it impossible. Some doubts as to the exact nature of the aneurismal sac prohibited the old method of opening up the tumour which has been carried out so successfully in modern times by Mr. Syme, and the state of the patient seemed to be hopeless. Sir William Fergusson, however, determined to give his patient a chance, and so performed that operation which has been seldom witnessed in the lower extremity, but is well known by the name of Wardrop's operation. The superficial femoral was tied in the middle third of the thigh; with what results this will be followed, it will be instructive and interesting to watch. There is a case of aneurism of the brachial artery just above the elbow-joint now in St. Mary's Hospital, under the care of Mr. Samuel Lane, which has been successfully treated by the "flexion method." The case is of great interest. The aneurism was of the size of a hen's egg, inflamed and painful, and the integuments discoloured. The patient was in a very bad state of health; and the blood so thin as to cause ecchymosis and discoloration under the skin from slight manipulation of the tissues.—*Brit. Med. Journ.*, March 21, 1868.

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Resection of a Conical and Ulcerated Stump.—The original operation had been performed at King's College Hospital in November last, but in consequence of ulceration taking place in the flaps the bone had protruded and left an unsatisfactory result. The operation simply consisted in removing two or three inches of the bone, and taking a good flap from the back of the leg. Sir W. Fergusson afterwards made some clinical remarks on the subject of bad stumps, in which he stated that, in spite of recent ad-

vances in surgery, indifferent stumps were not uncommonly met with; indeed, a certain proportion of bad stumps seemed to be looked upon as a matter of course. Those who opposed the practice of excision had brought forward every possible objection to this procedure, and spoke of amputation as a simple and successful operation; but we rarely hear of the unsatisfactory stumps which sometimes result, and which constitute an important consideration in determining the comparative value of these two methods.

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Two Cases of Incontinence of Urine from Earliest Childhood, Cured by Mechanical Dilatation.—A cause of incontinence of urine is indicated in the following cases which is not generally recognized. The treatment which Dr. Braxton Hicks, of Guy's Hospital, applied was very successful, and we have no doubt that the record of it will be of great service to practitioners who have patients suffering from this very troublesome condition.

Case 1. — M. A——, about twenty-two years old, had suffered ever since she can remember from nocturnal incontinence of urine, and almost incessant desire to micturate during the day. Had been under a great amount of treatment. She was admitted into Guy's Hospital under one of the surgeons, who examined for stone, but found none, nor any disease of the bladder, but a contracted one. Dr. Hicks offered to take charge of her. He began first by injecting solution of morphia, which lessened the irritability to a great extent, so much so that she was free for two or three nights from her distress. However, no further progress was made, but rather retrocession. Dr. Hicks then ordered the bladder to be distended as much as possible by plain warm water. This was done by his clerk, Dr. Chas. Smith, very carefully, daily. Almost directly she derived benefit, and in the course of a week she was quite well. The treatment was kept up for a week more, and she went out. After three months the nocturnal incontinence returned, and she was readmitted; but the bladder became rather more irritable. Morphia was again used, but not acting so well as before, an injection of nitrate of silver, twenty grains to the ounce of water, was employed. This caused some pain after, but in a week she improved, with occasional trouble at night. She could hold half a pint of urine at a time in the day, but not so much at night. However, by an occasional injection of morphia she gradually regained the power of retention, and went out again free from her complaint. It was curious that for two or three days of the latter part of her treatment she was troubled with complete retention of urine; this, possibly, was of a nervous character.

Dr. Hicks remarked that the constant evacuation of urine permitted by some mothers to their children allowed the bladder to become so constantly empty, that after a time the muscular power of the sphincter was not sufficient to counteract the contractility of the organ. In recent cases, no doubt this could be voluntarily overcome by adults; but in old-standing cases, although we might do much by lessening the sensibility of the bladder, yet we might proceed at once to overcome its resistance by mechanical force, so that further treatment would not be required. This was strongly shown in the following case, which recently was under his care in Guy's Hospital.

Case 2.—The history of this case was precisely similar to that of the last. The bladder was at once injected with water; it shortly held half a pint. The incontinence was rapidly cured; and the patient went out to service.

Both these girls had been unfit for service from their complaint. Dr. Hicks suggested the applicability of this treatment to both sexes, in cases with similar history; at any rate it would be harmless unless violence were used. He thought it was possible that in some of the cases there were congenitally small bladders, and these possibly might be more difficult to manage. —*Lancet*, July 4, 1868.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Tobacco a Cause of Bald Heads and Gray Hair.— Dr. D. B. Hoffman states (*Pacific Medical and Surgical Journal*, June, 1868) that a large proportion of the young men in California are bald headed and have gray hair, which is not the case with females. This he is inclined to attribute to the excessive use of tobacco by the men. In support of this view he relates the case of one of his patients, under forty

years of age, who had been in the habit of using tobacco to excess, and had been for five or six years both bald-headed and gray-haired. With great resolution he abandoned the use of tobacco; the result was that he entirely recovered his health, which had been bad; his whole head had become covered with a luxuriant growth of fine black hair, and he lost the sallow, beeswax hue of skin so common in those who use tobacco to excess.

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Medical College of the State of South Carolina.—Since the publication of the annual circular of this school, Professors Miles and Chisholm have resigned from the chairs which they respectively occupied. Professor R. A. Kinlock has been transferred to the Chair of Surgery, made vacant by the resignation of Professor Chisholm; Dr. George E. Prescott has been elected to the Chair of Materia Medica and Therapeutics, in the place of Professor Kinlock, transferred, and Dr. Middleton Michel has been elected to the Chair of General Anatomy and Physiology, vacated by the resignation of Professor Miles.

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University of Michigan and Homœopathy.—We have just received the annual circular of the above University, and take pleasure in laying before our readers the following extract from it.

"In consequence of an act of the legislature of Michigan at its last session, granting aid to the University on the condition that a professor of homœopathy should be introduced into the medical department, much agitation and annoyance have been experienced by its friends; but the faculty are now happy to announce to the medical profession and all the friends of legitimate medicine, that the Board of Regents, who control the University, at a recent meeting resolved, with but a single dissenting vote, that under no circumstances should such professor be introduced into the Medical College at Ann Arbor; and the Supreme Court of the State having since decided that all previous action of the Board making provision for the establishment of a school of homœopathy at another place, is not a compliance with the law, and such action thus becoming null and void, the faculty are enabled to assure the profession that the *Medical Department of the University of Michigan is entirely free from the remotest connection with homœopathy*—that its curriculum will not be changed, and that it will remain, as heretofore, unaffected by any form of irregular teaching or practice."

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Long Island College Hospital.—Profs. Austin Flint, Senior and Junior, and Foster Swift, have resigned their respective chairs in this Institution.—*Med. Record*, July 15, 1868.

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Private Clinical Instruction in Lung and Eye Diseases.—Dr. Frank Donaldson, Prof. of Physiology, Hygiene, and General Pathology in University of Maryland, and Dr. J. J. Chisholm, late Prof. of Surgery in Medical College of the State of South Carolina, the latter having taken up his residence in Baltimore, propose receiving, next winter, private classes of students and others to instruct in diseases of the lungs, heart, and throat, and in diseases of the eye and ear.

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Testimonial to Dr. Marsden.—On the 10th of June last, a silver porte-monnaie containing six hundred and fifty dollars was presented to Dr. W. Marsden, by a number of prominent citizens of Quebec, Canada, "in recognition of his long continued and successful efforts in propagating sound principles on the doctrine of contagion and infection in pestilential diseases, and especially in relation to quarantine and isolation in Asiatic cholera."

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New Sydenham Society's Publications.—Messrs. Lindsay and Blakiston, of Philadelphia, have made arrangements with the Hon. Local Secretary, R. J. Dunglison, M. D., and with the approval of the Society's agent in London, to act as agents in this country, for the works issued by the new Sydenham Society. The subscription for 1868 will be ten dollars in currency. *paid in advance.*

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Obituary Record.—It is with deep regret that we record the sudden death, on the 22d of June, from disease of the heart, at the age of 65, of our esteemed friend, Dr. Thomas C. Brinsmade, of Troy, New York. Dr. Brinsmade was a most honourable and dignified gentleman and skilful physician. He was always zealous in the promotion of every plan for the advance-

ment of medical or general science; was one of the most active and useful members of the American Medical Association, and of the New York State Medical Society; and held prominent positions in both Associations. The public and the whole profession, no less than his immediate family and friends, have sustained by his death an irreparable loss.

FOREIGN INTELLIGENCE.

Death from Chloroform.—Dr. Billroth, of Vienna, relates, in the *Wiener Medizin. Wochenschr.* of June 6th, 1868, a case of death from chloroform which occurred in his practice two days previously. The patient, a man aged 26, was admitted into hospital in consequence of having, on the preceding Monday, cut the palm of his left hand with a piece of broken porcelain. There had been much hemorrhage, and the man was very anæmic; and, on the removal of the coagula and charpie, arterial hemorrhage occurred. In extending the fingers, in order to tie the bleeding vessels, so much pain was produced that chloroform was given. In about five minutes from the commencement of anæsthesia, there were convulsive twichings of the whole body. The chloroform was discontinued for a moment, and then resumed; and, when perfect muscular quiet was obtained and the examination of the fingers was recommenced, it was found that the hemorrhage had ceased, although the compression on the radial and ulnar arteries had been removed. The patient, who was in a semi-recumbent position, with his hand bent back, was now seen to be pale, with livid lips and weak respiration. Dr. Billroth opened the mouth, and drew forward the tongue. The pulse was now all but imperceptible; but the respiratory efforts were distinct, though irregular and weak. Tracheotomy was performed, and artificial respiration set up. In the course of ten minutes, the patient made three hurried respiratory efforts; but there were no signs of restoration of the breathing or circulation. After the artificial respiration had been kept up half an hour, the case was abandoned as hopeless. Dr. Billroth attributes the death to very violent spastic contraction of the heart in a subject weakened by loss of blood.—*Brit. Med. Journ.*, June 13, 1868.

Unrecorded Deaths from Chloroform.—It is our duty to record—and we do so with regret—that two unpublished deaths have occurred quite recently in London from the administration of chloroform—one, while it was being administered, for the purpose of extracting teeth, to a lady of rank in apparently good health, and who had taken it with impunity on a previous occasion. In the other case, it was administered for a secondary operation on the eye. In neither instance has an inquest been held, as the coroners were in each case satisfied that chloroform had been administered properly and with due care and judgment, and that the deaths arose from pure misadventure. We hear also this week of an earlier unrecorded death from chloroform at Dublin, prior to the performance of an operation on the eye. It is, we think, due to science and to humanity, that these deaths should be recorded in some form. The blessings and advantages of anæsthesia under the knife are so great, that it is not likely that even the fullest knowledge of the risks attendant upon the use of anæsthetics will influence persons who have to undergo serious operations to reject the opportunity of sleeping through the ordeal. But it is right that the full risks should be known both to the whole profession and to the public; and it is especially important that the particular mortality of each anæsthetic agent should be accurately ascertained.—*British Med. Journ.*, June 13, 1868.

We mentioned last week three recent cases in which the administration of chloroform had caused sudden death in this metropolis, under circumstances in which no blame could attach to the administrators, as it was given with all possible skill and precautions, and by able and experienced persons, and in which, therefore, the coroners did not think it necessary to hold inquests, nor had any public record been made. We regret to learn that subsequently to this another death under chloroform has occurred in a metropolitan hospital. The circumstances absolve the administrators from any shadow of blame; and no inquest has been held. We are of opinion, however, that it is the duty of all those to whom deaths from chloroform occur in their practice to take care that they are put upon record, with such details as shall render them instructive. The age, constitutional condition, and peculiarities of the patient;

the nature of the operation; the specific gravity and chemical qualities of the chloroform; the apparatus used and mode of administration; the symptoms of the patient; and the means employed towards resuscitation—should all be described. We can well sympathize with the pain which those feel in whose practice these untoward, and at present unavoidable, accidents occur; and the publication of names may even cause unjust prejudice and injury to individuals and institutions. It is possible, however, to put the case satisfactorily upon record without such detail; and it seems to us to be a duty to science and to society, which is much neglected. In conversation this week, we hear of two other authentic but unrecorded cases, one in private practice in London, and another in Birmingham.—*Ibid.*, June 27, 1868.

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Anæsthetics in Operations on Children.—M. Giraldès, on presenting the second number of his *Maladies Chirurgicales des Enfants* to the Société de Médecine de Paris, drew the attention of his colleagues to the chapter which relates to the employment of anæsthetics in operations upon children. He especially wished to protest against the discredit thrown upon them by M. Bouvier in an article contained in the seventy-third volume of the *Bulletin de Thérapeutique*, in which he gives an account of the three fatal cases of death under chloroform which have occurred in Germany, and one from the use of chloroform and ether in combination in the United States. If his views were to be adopted, it would be a calamity. He is, indeed, not an operator, and is not competent to speak on the question. Anæsthesia is, in fact, extremely rarely fatal in childhood, and of these four cases in two its agency is very questionable. Chloroform has wholly changed the face of the surgery in childhood, and were its employment banished from the use of surgery in general it would still be desirable to retain it for that of childhood. In diseases of the eyes, in injuries of the elbow, for the purpose of ascertaining whether fracture exists, in phlegmonous erysipelas, etc., in order to make the examination necessary for an accurate diagnosis, we must administer anæsthetics; for the child, being excessively sensitive, struggles and resists so as otherwise to render this impossible.—*Medical Times and Gaz.*, May 16, 1868.

Acupressure and Torsion as a means of Arresting Hemorrhage.—The council of the Clinical Society of London has appointed a committee to investigate, by the collection of clinical facts, the value of acupressure and torsion, as a means of arresting surgical hemorrhage.

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Supposed Fungus origin of Cholera.—Dr. Thudichum read an interesting paper before the Royal Microscopical Society on Wednesday night, in which he referred to the recent researches of Thomé, Klobe, and Hallier, in connection with the development of fungi in the intestinal tract in cholera. The author adduced many arguments, chemical, microscopical, and pathological, to show that the poison of cholera is not of the nature of a fungus, but that it is a subtle change in the blood throughout the body, many of the evidences of which could be obtained by spectrum analysis. Dr. Thudichum's researches on this point, we understand, will shortly be published *in extenso*.—*Lancet*, June 13, 1868.

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Functions of the Pancreas.—Notwithstanding the numerous and careful investigations that have of late years been directed to the elucidation of the functions of the pancreas, the recent researches of Kühne, Fudakowski, and of our own countryman Dr. M. Foster, show that much still remains to be learned. It is now very generally admitted that the pancreatic juice acts upon the three important alimentary groups included under the heads of the Albuminous, the Oleaginous, and the Farinaceous. It converts all the albuminous or proteic compounds into a substance which is not coagulated at the boiling temperature, and possesses a high degree of diffusibility, termed peptone; it emulsifies fat more perfectly than any other secretion in the body; and, lastly, it exerts an amylolytic power, as Dr. Foster terms it, over starch, rapidly converting it into grape sugar or glucose. What is it that enables this clear, viscid, transparent fluid to effect such wonderful changes? Is the active agent single, or is it multiple? And what is the nature of the action in each instance? Is it analogous to the agency of a ferment—a catalytic action—so that a minute portion of the juice will alter an indefinite quantity of the substance acted on; or is it a simple case of chemical combination?

Some progress has been made in replying to these questions. In the first place, we may refer to KÜHNE's observations. It is generally stated in the text-books that leucin and tyrosin, substances that are well known to result from the decomposition of albuminous compounds, are constituents of the pancreatic tissue, and are eliminated in the secretion. KÜHNE shows that they probably result from the action of the juice on peptone which has already been formed from albumen or other proteic compound. This is a matter of considerable interest; for it shows that already, while the food is still in the intestinal canal, a portion of it undergoes decomposition—a true luxus-consumption—into substances that are ordinarily regarded as belonging to the products of regressive metamorphosis. And it is also remarkable that the active agent of the pancreatic juice can effect, at a temperature of 100° F., the same changes in albumen as may be accomplished without the body by the addition of an acid and the application of a boiling temperature. It is probable that the substance termed Pancreatine is that to which this power is to be attributed. We may just add the results of one experiment: 100 parts of dry fibrin yielded 61 parts of peptone, 3.86 of tyrosin, 9.1 of leucin, and 26 parts of unknown substances, amongst which were anilin-like bodies, giving a red or violet colour with chlorine, water, or chloride of calcium.

Dr. FOSTER's researches have been chiefly directed to the determination of the nature of the substance by which starch is converted into sugar. This amylolytic power, though commonly stated to be possessed by all albuminoid compounds at a certain stage of decomposition, is in reality limited to certain fluids; and these manifest it as well when fresh as during any subsequent stage of decomposition. Thus human blister-fluid, the vitellin of the fowl's egg, and the serum of sheep's blood are powerless upon starch when fresh, and equally powerless in all stages of decomposition. But, from Dr. FOSTER's investigations, it seems doubtful whether this remarkable power is really associated with any of the ordinary forms of albumen; it is certainly not with pancreatine, since, as he has shown, if pancreatic juice or infusion of pancreas be saturated with sulphate of magnesium and filtered, the whole of the so-called pancreatine is retained on the filter, and yet the fluid which has passed through the filter will be found to have lost a fraction only of its amylolytic power. In the same manner it may be shown, in the case of saliva, that the converting power depends neither on the mucus nor on the globulin, since it retains its energy when freed from both of these substances. The ferment, therefore, seems to be something quite separate and distinct from the albuminous compounds, and this view is materially corroborated by the facts that the amylolytic power is by no means commensurate with the quantity of proteids present, and that the presence of neutral salts, even to saturation of the solution, has no appreciable effect. It is remarkable, however, that it should always occur in fluids containing proteic or albuminous compounds, and that it should lose its powers at about the same temperature as effects the coagulation of the various albuminous compounds. It has been proved by Dr. FOSTER that in the case of saliva, and therefore we may with all probability assume in the case of pancreatic juice, the ferment is *not* consumed during its action on starch; which is fully borne out by the well-known fact that a definite quantity of amylolytic fluid will sooner or later convert any quantity of starch into sugar. Dr. FOSTER has made a few additional investigations on the distribution of the amylolytic ferment, and has found it to exist in the tissue of the liver, in the pleural and peritoneal fluids, and in the blood and urine. He conceives that the disease *diabetes* is due, not to any excess, but rather to some modified action of ferment; since the amount of ferment passed in the urine per diem in six cases in which he examined it in no way exceeded that passed by persons in health, and, further, the blood was not found to be more amylolytic than in health. These experiments we hold to be in the right direction for affording an explanation of this singular disease, und we trust Dr. FOSTER will be induced to continue them. —*Lancet*, June 20, 1868.

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Quinoidine.—Dr. CHALVET has repeated, before the Biological Society of Paris, experiments on efflorescence which tend to throw some doubt on Dr. Bence Jones's conclusions respecting quinoidine. The facts, however, mentioned by the latter physician have been fully confirmed by Dr. Chalvet, whose experiments again prove

that the living tissues contain a substance giving rise to an efflorescence exactly similar to the refractive phenomena of sulphate of quinia. Dr. Chalvet has also found, like Dr. Bence Jones, that this efflorescence disappears in acute febrile diseases; but he does not agree with Dr. Jones as to the origin of this supposed quinoidine. Dr. Chalvet has shown, on the contrary, that this efflorescent substance exists in most articles of food, especially in wine and vegetable substances. From these researches the French author concludes that the so-called quinoidine is not derived from albumen; that it is introduced into the organism by the ingesta; that it mixes with the animal fluids, as happens with iron; but that (herein quite similar to iron) it does not spontaneously spring up in the animal tissues. As this quinoidine is rapidly eliminated, low diet somewhat prolonged must cause the efflorescence of the urine to disappear, and thus is explained the supposed destruction of quinoidine by fever. Dr. Chalvet is inclined to class the substance in question with quinia itself, which may be supposed to exist in infinitesimal quantities in all vegetables, and thus would its constant presence in the tissues and fluids of animals be accounted for.—*Lancet*, May 16, 1868.

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Liquid Nitrous Oxide Gas.—Nitrous oxide gas for anæsthetic purposes has been obtained in a new form. Dr. Evans, of Paris, who was one of the first experimenters with the gas, has brought over nitrous oxide liquefied by the combined agency of compression and cold. The liquid nitrous oxide is contained in an hermetically sealed vessel, in shape something like a small cannon, made of gun metal. On turning a tap the fluid escapes, and immediately volatilizes with intense cold. For anæsthetic purposes it may be conveniently received in a "Clover's bag." The gas thus liberated has been administered by Mr. Clover in four dental cases, and in a case of strabismus operated on by Mr. Haynes Walton. Mr. Clover informs us that he still retains his confidence in the safety of this agent. He has now given it in two hundred and fifty cases without the slightest misadventure, and he has no reason to regard it as specially dangerous.—*Med. Times and Gaz.*, July 11, 1868.

Effects of Lightning.—M. Becquerel related to the Academy the fact that during the violent storm of June 21 a workman who was at some distance from the point struck by the lightning underwent a violent shock, from the effects of which he did not recover for two days. All the nails were torn out from the sole of one of his boots, which M. Becquerel exhibited as a proof of the occurrence. Several academicians cited similar facts, and, among others, M. E. de Beaumont an instance of where the nails were torn out from the butt-ends of muskets. M. Morin also alluded to a pile of balls placed near a powder depot that was overturned two successive days during two storms which destroyed the lightning-conductor. Marshall Vaillant also mentioned the case of a man struck by lightning, one of whose shoes, picked up at a great distance, was found to have had all its nails drawn.—*Med. Times and Gaz.*, July 11, 1868.

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Early Dentition.—M. Guéniot related to the Société de Chirurgie the case of an infant which, when nine days old, exhibited a spontaneous expulsion of the two middle upper incisor teeth, together with the destruction and expulsion of the dental bulb. There was some gingival stomatitis, but no abscess of any kind. The teeth resembled two solid shells, covered with a thin layer of enamel. These cases are rare. In connection with this subject M. Guéniot enumerated several celebrated persons who are said to have been born with teeth, such as Mirabeau, Mazarin, Louis XIV., to which he would have added that of M. Broca had not this gentleman disclaimed any right to such a distinction. Believing the fact generally admitted, that infants are occasionally born with teeth ready cut, we are greatly surprised to find so experienced an accoucheur as M. Blot utterly denying its accuracy. He says he has never met with an instance of its occurrence in 30,000 infants that have come under his observation, and the experience of his colleagues is just as negative. However, that unfailing repertory of information, M. Giraldès, was enabled to refer to numbers of cases of children born with one or more teeth; and he has met with similar cases in his own practice. M. Besnier observes also that such cases are familiar enough to matrons, who are in the habit of at once extracting the teeth. We

suspect that this operation must have been already performed in cases that otherwise would have attracted M. Blot's attention.—*Med. Times and Gaz.*, May 16, 1868.

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Poisoning by Phosphorus.—M. Mialhe, having been lately engaged in a medico-legal investigation on a case of poisoning by phosphorus, was led, during the experiments he performed, to alter his views in relation to the absorption of this substance. Until now he had thought the absorption of sulphur and phosphorus was solely due to the chemical action of the alkalies present in the intestinal juices. This investigation, the result of which he now details (*Union Méd.*, June 4), has convinced him that such absorption is especially due to the fatty matters contained in the alimentary substances. These fatty matters, after effecting the solution of the sulphur and phosphorus, serve as the vehicle for their introduction into the economy. It is even probable, at all events as regards phosphorus, that their absorption as a simple body is the general rule, absorption in consequence of chemical reaction being the exception. The proof that such is the case in poisoning by phosphorus is, that while abstinence and the taking emollient or acidulated drinks have apparently led to a cure, the ingestion of alimentary matters develops all the symptoms of poisoning, the patient usually dying. The phosphorus so absorbed may remain several days within the economy without undergoing any sensible change, its union with the fatty matters enabling it in great part to escape the action of the chemical agents with which it comes in contact, and to thus diffuse itself through all the living tissues in the same manner as poisons soluble in water. This explains why, when we perform the autopsy in the dark of an animal that has been poisoned by phosphorus, its tissues give out the phosphorescent light and aliaceous smell. It also explains why some persons have been poisoned after eating the flesh of domestic animals, such as fowls or pigs, which have eaten phosphoric paste. We can, then, adopt M. Tardieu's statement that phosphorus is poisonous of itself, and acts only on the economy in a state of isolation and purity. The extremely poisonous character of phosphuretted hydrogen presents no objection to this theory, since instantly that this is introduced into the blood it gives rise to the production of water and the precipitation of phosphorous in a state of minute division eminently suited for the development of its deleterious action.

Two practical consequences are deducible from what precedes. First, in poisoning by phosphorus it is indispensable to expel this toxical agent as rapidly as possible from the economy by aid of acidulated laxative drinks, and to place the patient in a state of abstinence, or at all events prohibit his taking any food containing fatty matter; and secondly, that when phosphorus is administered therapeutically it is best to give it dissolved in a heated fatty body, which prevents its undergoing change, and insures its complete absorption. Acting in this way, we avoid entirely the local action of the phosphorus which is not the case when it is prescribed dissolved in ether or chloroform. These two substances being soluble in a large quantity of water, the whole or part of the phosphorus is set at liberty by the alimentary fluids, and, becoming deposited on the mucous membrane, gives rise there to more or less inflammatory action.—*Med. Times and Gaz.*, June 13, 1868.

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Hyperostosis of the Entire Skeleton.—Professor Friedreich, of Heidelberg, observes that cases of hyperostosis of single bones or of groups of bones, such as those of the face, skull, or pelvis, are common; but instances where nearly or quite all the skeleton is involved are extremely rare. Saucerette describes a case in which the weight of a man increased from 119 to 178 pounds, although the soft parts were wasting. W. H., a shoemaker, aged 26, came to Professor Friedreich's clinic in May, 1867. In 1859 he observed, without obvious cause, one of his feet, and gradually the leg, to become thicker, and about two years later both hands underwent considerable enlargement. On admission, the hands, feet, and legs presented an elephantine appearance, and on feeling the parts, the enlargement was found to depend upon increase of bone. The phalanges and metacarpal and metatarsal bones were enormously thickened. The enlargement was especially great at the epiphysis end of the bones, although the diaphyses were also in a monstrous condition—the greatest amount of hyperostosis being observed at the wrist, ankle, and patella, this last remaining movable. The bones of the thigh and

humerus were less enlarged; and, indeed, all the bones of the skeleton participated more or less in the changed condition—the crista ilii, the ribs, and the spinous processes of the lower cervical and upper dorsal vertebræ being all excessively enlarged. The clavicles were double their normal circumference. Among the bones of the face, the zygoma, palate bones, and the alveolar processes were by far the most affected, the teeth having undergone no change. The hyoid bone was remarkably broad and thick. The vault of the cranium exhibited no deformity, and there were no irregularities or exostoses on the smooth surfaces of any of the bones of the body. Some measurements may give a more exact idea of the case. In a total length of the body of 167½ centimetres, the plantar surfaces on each side measured 11 centimetres across. The circumference of the leg at the ankle measured 37; that of the wrist 24. The circumference of the right knee was 44, and of the left 37. The breadth of the tibia was 7½, and of the clavicle 3. The cartilaginous structures participated to a considerable extent in the hypertrophy, as in the ear, tarsus, epiglottis, and in a less degree the vomer. The cartilages of the larynx and the rings of the trachea had undergone no change. The nails had attained a colossal size, those of the thumbs measuring 3½, of the middle finger 2⅔, and of the great toe 4 centimetres. The skin of the body was somewhat hard, and the muscular tissue flabby. The patient introduced to the Professor as remarkable a case as his own in the shape of his brother, aged 22, who, in his 17th year, had also begun to observe the same changes. We need not repeat the description of the changes, which, although existing in a somewhat less degree at present, were no less universal and remarkable. The elder brother's case is illustrated by a photograph.—*Med. Times and Gaz.*, June 13, 1868, from *Virchow's Archiv*, April 8, 1868.

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Present State of Health in London.—It is stated (*Lancet*, July 11, 1868) that there is a rapid and serious increase of diarrhœa in London and other large towns. In the week ending June 6th, the deaths from this cause in London were only 27. In the four following weeks they were 31, 66, 171, 286. In the earlier weeks of the present unusual heat, according to Dr. Glover, the most noticeable effect upon health was a degree of asthenia, with more or less discomfort in the stomach and bowels. Diarrhœa had not shown itself to any serious extent. The mortality of London and the large towns was very low. It, has, however, gone rapidly up. The mortality, instead of being 19 per 1000, was last week at the rate of 25 in London, 26 in Liverpool. Of the 577 deaths from zymotic diseases in London, 286 were from diarrhœa, 19 from "cholera," or choleraic diarrhœa. Of the 286 persons, 230 were children under one year of age. It is probable that we have not seen the full development of this complaint, unless, indeed, we have an unlikely change in the weather. The meteorological character of the season is such as to throw light on the causation of diarrhœa. A very high temperature and extreme drought are conditions that generate this complaint on an epidemic scale. The fruit theory of its causation is not tenable: witness the age of its principal victims.

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Births in Vienna during 1867.—During 1867 there were born 11,850 legitimate infants (6155 males, and 5695 females) and 12,152 illegitimate infants (6300 males, and 5852 females). Of this number about 9000 were contributed by the Foundling Hospital. The illegitimate births therefore exceeded the legitimate by 302, the total number of births being 24,002 (12,455 males, and 11 547 females), 22,593 belonging to the Roman Catholic faith. The twin-births were 552—viz., two boys in 176, a boy and a girl in 186, and two girls in 190. Triplets occurred three times. There were 974 children (565 males, and 409 females) born dead, 474 of the number being legitimate, and 500 illegitimate.—*Med. Times and Gaz.*, June 13, 1868, from *Zeitschrift für gerichtliche Med.*, June 2.

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The Kindred of the Dodo.—A most interesting paper has been read to the Royal Society on the much discussed subject of the Dodo of Mauritius and its relation to the Solitaire or Dodine Bird of the island of Rodriguez. In 1863, the British Association, at the instance of Mr. P. L. Sclater, made a liberal grant to aid researches for the bones of the kindred of the Dodo. Owing to several causes, the scarcity of labourers in Rodriguez being chief, nearly a year

elapsed before these could be begun. But in 1866, a band of coolies having been expressly sent thither to dig in the cave, a very large collection of the bones of this bird, amounting to nearly 2000 specimens, was obtained. These specimens included almost all the most important parts of the skeleton, and furnish Mr. A. and E. Newton with the material for the present paper. They give a careful account of its osteology, and discuss at length the cause of its extinction within modern historic time. They attribute it to the European custom of liberating pigs, who multiplied with such extraordinary rapidity, that in or about the year 1708 about 1500 had been slain in one day. It is plain that where these abounded inactive birds could not long survive. Finally, discussing the relations of the air fauna of the Mascarene Islands, they are mutually led to infer a common ancestry, and are compelled to the belief that there was once a time when Rodriguez, Mauritius, Bourbon, Madagascar, and probably the Sychelles, were connected by dry land, and that that time was sufficiently remote to permit of the descendants of the original inhabitants of this now submerged continent to become modified into the many different representative forms which are now known. Whether this result can have been effected by the process of "natural selection" must remain an open question; but that the Solitaire of Rodriguez, and the Dodo of Mauritius, much as they eventually came to differ, sprang from one and the same parent stock, seems a deduction from the facts so obvious, that the authors can conceive no one fully acquainted with the facts of the case hesitating about its adoption than he can doubt the existence of the Power by whom they were thus formed.—*Brit. Med. Journ.*, June 20, 1868.

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Effects of Traumatic Lesions of Nerves.—In our last No., p. 110, we gave a brief notice of a memoir on this subject by M. Paulet. We have since received the following fuller report of the results of the investigations of M. Paulet, which we now transfer to our pages:—

M. Paulet recently read at the Paris Surgical Society a highly interesting memoir on the Effects of Traumatic Lesions of Nerves, in which he arrived at some remarkable conclusions. Examining in detail the results derived from experimental physiology, as reported during the last half-century, he finds the general conclusion is that a divided nerve is capable of true regeneration, and that such regeneration is a *sine quâ non* of a restoration of the function lost by the division of the nerve. Next, the period of time requisite for this regeneration may occupy one or many months, according to the amount of loss of substance, or the degree of separation between the divided ends, while, when the loss of substance exceeds a certain limit, restoration will never be accomplished. But when he comes to examine recorded facts derived from clinical experience, he finds that they lead to very different conclusions to those deduced from experiment. The facts he has collected show that the re-establishment of function takes place long prior to the periods fixed by the physiologists, and that both sensibility and motion have been re-established, although the loss of substance in the trunk of the nerve has never been repaired. He divides his cases into two categories, those in which there has been simple neurotomy, and those in which this has also been accompanied by excision. Of the ten examples of the first which he has collected, he finds that in four the nervous influence was restored before the possibility of the production of a cicatrix permeable to the nervous influence, while in three instances the continued separation of the extremities of the nerves was demonstrated by preparations. Among the eighteen cases of neurotomy with excision that he has collected, in some the functions were very soon re-established, while in others, in which this required a much longer time, so much of the nerve had been removed as to exclude all idea of its reproduction. In some cases excision of an important nerve in nowise disturbed sensation or voluntary motion. M. Poulet passes in review the various explanations that have been given of the return of nervous function, without finding any of them satisfactory, and he has instituted experiments on animals without obtaining any elucidation; nor does he believe that it is in this direction that the explanation will be found, clinical observation carefully conducted being really what is required.—*Med. Times and Gaz.*, April 4, 1868.

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How Quacks were treated in London in the Fourteenth Century.—The Corporation of London have published a very inter-

esting volume, which is edited by Mr. Riley, entitled "Memorials of London and London Life in the Thirteenth, Fourteenth, and Fifteenth Centuries." These memorials consist mainly of a series of extracts from the archives of the City of London. The condition of our profession at the time is illustrated by a number of interesting facts. However much we may have improved in many respects, it is certain that our forefathers had a keen sense of their duty towards unqualified persons who assumed to be possessed of medical knowledge. They were punished with a rigour which would be incompatible with modern customs, but which affords a striking contrast to the lenient way in which medical impostors are now treated. The following instance in particular is worthy of mention: One Roger Clerk professed to be learned in the art of medicine, and prescribed, for a woman suffering from fever, the hanging of a certain document round her neck, containing certain words which he stated were an antidote to the disease under which she suffered. The charm did not work. He was summoned before the mayor and aldermen in the Guildhall of London, at the instance of the husband of the patient, to show upon what authority he practised the art of medicine. His own statement was sufficient to convict him of being a rogue and an impostor, and he was forthwith ordered to be placed in the pillory, and therein to be punished for the offence he had committed against society. His progress to the pillory is thus graphically described: "It was adjudged that the same Roger Clerk should be led through the middle of the city, with trumpets and pipes, he riding on a horse without a saddle; the said parchment and a whetstone, for his lies, being hung about his neck, an urinal also being hung before him and another urinal on his back."

The offence which Roger Clerk committed was venial compared with some of the flagrant crimes which quacks nowadays too frequently perpetrate. If he was righteously punished, how should we mete out punishment to the harpies and villains of our time who prey upon the weakness and credulity of the miserable victims who are attracted by their infamous advertisements to place themselves under their care.—*Lancet*, July 11, 1868.

Encouragers of Quackery.—Among the people of fashion in London quackery is cultivated. Can one wonder at lying advertisements, when it is known that Garrick, Lonsdale, and the Bishop of London were for a while the patients of Myersbach? These were men of sense; but what is the intellectual state of our nobility? Perpetually enslaved by the novelty of fashion, however *outre*, they acquire a constitutional propensity to imitation in everything, and leave their physician as they quit an old coat.—*Ibid.*, from *Lettsom's Letters*.

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Our Ancestors.—Were they pigmies, or giants, apparent apes, or possible philosophers? Have we improved upon their structure? or are we physically degenerate? Strangely enough, this question of fact is still at issue. M. Lartet, at the last session of the Sociétés Savantes, gave an account of his scientific explorations in Dordogne, and of the bones, including three crania, which he examined, and of which the age is fixed as of the earliest quaternary period—the age of the mammoth. He dwells on the remarkable length and prodigious strength of the bones of the limbs. With this, the crania are remarkably large; and the brains which filled these capacious cases must perforce have been of considerable size. These skulls, he adds, are far from presenting the characters of inferiority which the school of "development" would attribute to our ancestors.—*Brit. Med. Journ.*, July 11, 1868.

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Medical Faculty of Paris.—M. Denonvilliers, Professor of Operative Medicine, has been transferred to the Chair of Clinical Surgery in this faculty, in place of M. Jarjavay, lately deceased.

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Royal Institution.—Dr. Odling, Prof. Chem. at St. Bartholomew's Hospital, has been elected Fullerian Prof. Chem. in this inst. to succeed the illustrious Faraday.

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Reported Death of Pirogoff.—At the meeting of the Academy of Medicine of Paris, M. Jules Guerin stated that M. Pirogoff, who is a correspondent of that learned body, had not met with the tragic death, as stated in some journals, but was living at his country seat near Odessa.

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The translation is a most excellent one, and the notes introduced by the translator add greatly to the intrinsic value of the work. We doubt not that when complete, this will be the handsomest work of the kind ever published in this country, and it should be in the library of every practitioner of medicine who desires to be familiar with this much neglected and ill-understood class of diseases.—*Humboldt Med. Archives*, June, 1868.

This great and exhaustive work on venereal diseases deserves the patronage of the entire medical public.—*Nashville Med. Journal*, May, 1868.

We can only recommend our readers to buy it, read it, and study it in its parts. We wish to add but one remark in commendation of the typography of the work. This might be said in a single word to be faultless; but the beautiful paper, the brilliant type, the magnificent and lifelike illustrations, make it, in our estimation, the handsomest medical work ever issued from the American press.—*Leavenworth Med. Herald*, July, 1868.

We have already expressed the highest commendation of the Parts I. and II. of this truly grand monograph. We cannot too often recommend to our readers the purchase of the work.—*St. Louis Med. Reporter*, June 15, 1868.

This is a very handsome edition in English of a well-known and highly valued French publication. That Dr. Bumstead, the author of by far the best and most popular treatise on venereal diseases in the English language, should think it proper to translate and edit this one, speaks more highly in its favor than anything that can be said. It is a judgment *ex cathedrâ*. The translation is an excellent one. The plates in the first Part represent blennorrhagia and its complications, swelled testicle, and gonorrhœal ophthalmia. They are admirably and artistically executed. Indeed, they are superior to any illustrations of the kind hitherto executed in this country. The notes added by Dr. Bumstead enhance the value of the work. The whole getting-up of this publication is of rare excellence, and most creditable to all concerned.—*American Journ. of Med. Sciences*, April, 1868.

The reception of Part First of this splendid work was acknowledged on page 213 of the Journal. Part Second, just received, more than sustains the high anticipations which the first awakened. The artistic execution of the work does high credit to the publisher. A friend who is familiar with the original assures us that the plates in the American edition are, in every particular, equal if not superior to the transatlantic copy. Prof. Bumstead has discharged his duties as editor with great fidelity. Himself a "dualist," and Cullerier a "unitist," he nevertheless comments with perfect candor, and the fairness of assured strength. These two sections alone are worth more than the cost of the complete work. This fasciculus is concluded by the commencing chapter of the section on soft chancre, with the best illustrative plates we have ever seen. We await the completion of the work with extreme interest, and in the meanwhile strongly recommend it to all of our readers at all interested in the subject.—*Chicago Med. Journal*, May 15, 1868.

These are, without doubt, superior to any book of the kind ever before presented to the public. They must impress every one familiar with the appearances in venereal disease, with their truthfulness and elegance of mechanical execution and finish, furnishing to the student clinical lessons scarcely less perfect than the original cases of which they are transcripts. The copies in Dr. Bumstead's translation of these admirable plates are in no respect inferior to the original, and reflect very great credit, not only on the artists, but on the enterprise of the publishers, who have evidently spared no expense in their execution; and it seems to us that on account of these numerous and beautiful illustrations alone, the translation will meet with a cordial welcome from the profession in this country, especially from those who are deprived of the clinical advantages afforded by a hospital and city practice. The translation is executed in a masterly way, and the book is altogether unexceptionable in style and typography.—*N. Y. Med. Record*, May 15, 1868.

We have received Parts I. and II. of this magnificent Atlas of Venereal Diseases. It is to be completed in five Parts, printed in this elegant style, with the finest illustrations of syphilis which have ever appeared in this country. When complete, this translation of Cullerier will afford those who are particularly interested in this specialty, a full and desirable text-book.—*Cincinnati Lancet and Observer*, May, 1868.

We desire now especially to call the attention of the profession to the appearance of this magnificent work.—*N. Y. Med. Journal*, April, 1868.

This is probably the handsomest work of its class ever published in this country.—*Boston Med. and Surg. Journal*, April 15, 1868.

It appears to be a work of extraordinary merit. We do not recollect to have seen anything from the press in America equal to it in execution, as regards the paper, typography, and plates. The plates are truly superb, and can scarcely be surpassed by the living originals. The name of the translator will go far towards inspiring the profession in America with confidence in the value of the work, while his notes and comments furnish an important addition to the text.—*Pacific Med. and Surg Journal*, May, 1868.

*** A specimen of the Text and Plates will be sent free by mail on receipt of 25 cents.

HENRY C. LEA—Philadelphia.

THE MEDICAL NEWS AND LIBRARY.

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HUDSON ON FEVER. 16 PAGES.

CLINICS.

CLINICAL LECTURE.

Clinical Lecture on a Case of Epilepsy and Vertigo, in which Bloodletting was employed with Advantage. By C. HANDFIELD JONES, M. D., Physician to St. Mary's Hospital.

GENTLEMEN: "Medio tutissimus ibis" is a wise old saw, but one which it seems not easy to act upon. The pendulum of opinion commonly deviates to one side or other of the true line. It appears to me, that at present there is some tendency to error of this kind in the case of epilepsy, which seems to be regarded by some too much as if it were invariably associated with deficient blood-supply to the brain. Very often this is the case; but that the encephalon is by no means unfrequently hyperæmic in epileptic states, and that this hyperæmia may even materially contribute to the production of the order, I think I shall be able to prove. Let me ask your attention to the following history.

W. F., aged 49, stableman, was seen on Aug. 15th, 1865. He was sent to me by my friend Dr. Palmer, from whom I received the following statement. "Eleven years ago, he had a severe epileptic fit for the first time; he continued vertiginous, weak, and unable to work for several days; his pulse feeble and small; his skin cool and moist. Leeches, cold to the head, free purging, and iodide of potassium, failed to relieve him. He was then admitted into St. Mary's. On coming out, he told me that he was cupped and had various remedies, but all failed to do him good until he was bled, after which he rapidly and completely recovered. Since then he had several attacks of severe vertigo, with such muscular weakness as to compel him to give up work; the second was accompanied with an approach to coma.

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Since then they have rather diminished in severity. On each occasion, his tongue has been moderately clean; pulse between 60 and 70, decidedly soft, and not filling out the artery, without any jerk; skin pale, cool, and moist; eyes not injected; no heat of head; no thirst; appetite diminished. Each time I have tried all I could to avoid venesection, have purged freely, applied cold to the head, once cupped him, forbidden stimulants (which he says make him worse), but have each time been compelled to bleed. The last time (April 19th), I am certain that his pulse was stronger and fuller two days after the bloodletting than it had been for days before. The day after giving the iodide of potassium, he was decidedly more vertiginous." Dr. Palmer describes the patient as usually of slow, hesitating speech, and having the puzzled, hebete look of an epileptic, with a small forehead and brain-case. Such is the account given me by a most able and intelligent observer.

I subjoin the account I received from the patient's wife. She states that her husband was taken with a fit one morning at 4.45 A. M., while in bed. He was as well as ever he was in his life when he went to rest. The fit did not last long. He went to his work the same morning; but in about two hours, while at work in the mews, he was taken with another, and had seven that day, at about two hours' interval. The next day he had three fits, and continued to have them more or less frequently for three weeks until he went into St. Mary's Hospital. During this time, he lost his speech when the attacks were coming on; but, in the intervals, he was conscious and able to speak. He was leeched before he went to the hospital; but when there he was cupped and bled from the arm several times with great relief. He was there several weeks. If he got too much beer it affected his head, and made him stupid; he used to take a great deal. He had had no attack lately (Dec. 1865). So far the wife.

At my interview, I observed that his lips were pallid; his pulse 75, of good size and force; his head cool, not tender, but it felt as if it did not belong to him; his appetite was good; the tongue clean. The rhythm and sounds of the heart were normal; but the organ was rather displaced towards the epigastrium. He felt no great weakness. The giddiness he described as coming on him all at once, and lasting (till he was bled) for weeks, with intervals of comparative amendment. When the giddiness was on him he was unable to lie down, but could at other times. He had no nausea or sickness. He never passed worms, as far as he was aware. He had typhus fever when he was young; but no other illnesses, except falls—once from the roof of a house about eighty-four feet high, when he "cracked his head a bit" and was stunned for a few minutes; once also he was knocked down by a cart and struck his head. In fact, he seems to have hurt his head a good many times. The bone was indented notably at the upper and fore part of his head towards the right side; but there was no tenderness in this situation. He had been bled at least six times, and been cupped and leeched besides. Hot weather did not try him at all, nor did cold; he could expose his bare head to the sun without any discomfort. He denied having had syphilis; and presented no outward indication of it. He was obliged to be careful in what he drank; he could not take much beer.

August 17. He was more giddy to-day—"just the same as a drunken man." The forehead was not hot; the eyes were dull, but not injected. Pulse quite quiet, steady, and regular. Bowels well open. Ears cool, and cheeks and prolabia actually anæmic. Pressure on the carotids caused the veins of the forehead to fill, and made the giddiness much more severe. There was no undue pulsation of the cervical or temporal arteries. The pupils were lively. His manner was very tranquil, entirely free from nervous fussiness. He was not apt to have cold feet.

I could see no rational indication for bloodletting; but, as he did not mend without, and as former experience was in its favor, I could say nothing against it. He was bled to sixteen ounces, and came to see me the next day, when he stated that he felt better in one hour after the bleeding, and was nearly well, going to work the day after. The pulse and general aspect, and condition of pupils, were just as before. I did not see him again till September 15th, when he came to see me at St. Mary's Hospital, complaining of a return of the giddiness during the last five days; it was very severe, and had not been relieved by calomel and mistura alba or by nitromuriatic

acid. I ordered for him five grains of powder of colchicum thrice daily; of this he took a few doses, and got rid of his disorder completely. His pulse, I am informed, was fuller and stronger after he had taken the colchicum than it had ever been before.

January 3, 1866. He had been well since last date, with the exception of one attack, which was brought on by drinking, and ceased after purgation.

December 5, 1867. He remained quite well up to the present time. His urine was examined and found to be non-albuminous.

That the bleeding in this instance was really advantageous can, I think, hardly be questioned, regard being had not only to the immediate results, but to the subsequent condition of the patient. The attacks have not been rendered more frequent, but the reverse; in fact, for some considerable time he has been quite free from any disorder.

The vertigo must, I think, be regarded as a manifestation of epilepsy, as it succeeded the latter directly in time, and was relieved by the same measures, and by those alone, which benefited the convulsive disorder. That it depended on increased intravascular pressure can, I think, hardly be doubted, although the exterior of the head certainly exhibited no signs at all of hyperæmia. The effect of pressure on the neck, which must have told chiefly on the jugular veins as it caused distension of the frontal, was to aggravate the giddiness; and this result not only confirms the opinion above expressed, but goes to show that the blood-flow *a tergo* was free, that there was no obstruction in the arteries. The greater fulness and strength of the pulse after the bloodletting and the colchicum resulted, I believe, from the cessation of the depressing effect which the vertigo exercised on the heart itself. Although the disorder was a neurosis, it is evident that the nerve-force in this man must have been of a very different quality from that which it has manifested in sundry instances, one of which I have related in my work, p. 61, where bloodletting appeared to be the immediate cause of most severe and prolonged epilepsy.

It is probable that the injuries to the head had rendered the brain less tolerant of any undue amount of even its natural excitant, the blood; as they had also of a less natural one, the beer. If this abnormal state of excitability increased, we can well understand that depletion might be a necessary means to relieve it. The condition just referred to implies some departure from the type of healthy nutrition; and it is far from uncommon to find hyperæmia ensuing under such circumstances. It appears to me that the smaller arteries which are most concerned in hyperæmia and in like conditions go very often along with the tissue they supply in regard to their vital activity. Certainly, they are often relaxed while a tissue is vigorously performing its function; but this activity can only last for a time; and, if the hyperæmia be prolonged, the functional power of the tissue soon declines, and then the hyperæmia becomes solely injurious, and, as I wrote many years ago, "instead of supplying a want, imposes a burden." Again, if the vital power of the tissue be lowered *ab initio*, that of the arteries is very apt to be lowered along with it, and then, without any previous manifestation of functional activity, we have at once injurious hyperæmia. Of this, frost-bite and chilblains, and probably many common catarrhal inflammations, afford good examples. If we suppose this man's brain to have failed now and then in its due mode of nutrition, its nerve-power to have declined, as was not unlikely, after having been a good deal knocked about and "bemused with beer," the smaller cerebral arteries would readily fall into a like state of paresis, and thus the blood-supply would become excessive, and the nerve-power be thereby still further lowered and deranged. Bloodletting, by lessening the amount of blood, might contribute materially to enable the brain-tissue and its arteries to regain their normal condition.

As the pulse became fuller and stronger after the bloodletting and colchicum, it might have been expected that the intravascular pressure would be increased, and therewith the hyperæmia. Very possibly the pressure was increased in the radial and some other arteries; but there is no necessity that it should have been so in the carotids and vertebrals, or their smaller branches, which are the chief regulators of the blood-flow. Moreover, the very circumstance that the smaller arteries were more contracted than before, would, by lessening the facility of the escape of blood from the larger, tend to produce greater fulness of

the pulse, and excite the heart to stronger action.

Let me now produce to you some evidence which I have brought together from various sources, which appears to me tolerably conclusive, that active hyperæmia, determination of blood to the brain, may be the efficient cause of epileptic attacks.

C. H. Parry states that a patient, "Miss F., who has twenty or thirty epileptic fits annually, for two or three days before a fit constantly finds a constitutional enlargement of the thyroid gland increase to a very great degree; in a day or two after the fit, it returns always to its natural state, the accumulation of excitement in her subsiding at the same time." That this evident local turgescence of an organ, fed by arteries given off near those supplying the encephalon, did not cause anæmia of the latter, is tolerably clear, from its being mentioned that the head was unduly hot, the feet being cold. The same author refers to a very striking case, by which, he says, "it has been demonstrated that convulsions may depend on excessive impetus of blood in the vessels of the brain, since in that case they were removed by interrupting or diminishing the flow of blood through the carotid arteries to that organ, in consequence of which a state of sopor often ensued." In another case, mentioned by him in the same place (*Elements of Pathology and Therapeutics*, p. 254), a constant twitching of certain fibres of the flexor muscles of the forearm was uniformly suspended by compression of the carotid artery on the opposite side, while it was not diminished by compression of the artery on the same side.

Trousseau corroborates Parry's statements. He says that he has practised and recommended compression of the carotids for more than twenty years, and that he has found it highly serviceable. He makes special reference to this procedure when speaking of the convulsions attending on scarlatinal dropsy; but employs it equally in other similar conditions not resulting from uræmia. He directs the artery to be compressed especially upon the side opposite to that on which the convulsions are most marked, and gives particular directions for the manipulation. He states that, when an artery is thus effectually compressed, the red flush of the face is sometimes suddenly succeeded by pallor, and that in some instances the eclamptic convulsion immediately ceases and gives place to perfect relaxation. I do not understand him to affirm that the proceeding is always successful; but, I think, none can doubt that his testimony strongly supports the position above stated. Other evidence can be cited to the same effect. In a case observed by Reimer, and alluded to by Schrœder van der Kolk (Sydenham Society's edition, p. 228), compression of the carotids succeeded twenty-two times in cutting the fit short, the patient experiencing great relief and improvement in his memory and mental condition. Labalbary (*Gazette des Hôpitaux*, 1860, Sept. 15th) relates a case of puerperal eclampsia which was cured by compression of the carotids.

Parry gives the following case as a proof that epilepsy may be cured by bleeding and low diet. About thirty years ago, he states, he was sent for to see a nobleman, who had been a gross feeder but not intemperate, and had been subject to epileptic fits. He found him insensible and stertorous, after having suffered repeated paroxysms of the disorder. His face was extremely flushed, and his pulse strong, full, and labouring His bowels had been duly open without relief. After bloodletting to fourteen or sixteen ounces, the insensibility, which had continued many hours, very quickly ceased. The bleeding was more than once repeated. Purgative and saline medicines were given. A low diet, as well as much bodily exercise, was recommended. The patient soon recovered his health, and never experienced any return of his malady. Had not the bloodletting been a right remedy in such a case as this, it is most probable it would have been injurious, and would (being repeated) have induced the speedy recurrence of the disorder, as it did in a case recorded by Dr. Copland. (*Vide* note, p. 799, art. Epilepsy.)

Dr. Parry mentions another case, which exemplifies the converse. An old man, who had lived freely, had a chronic inflammation of one of his legs accompanied by œdema. Both these affections were greatly relieved by the application of a tight bandage. In a few days he was, for the first time in his life, seized with violent epilepsy.

Graves, relating the successful treatment of a boy, aged nine, for uræmic convulsions occurring after scarlatina, by cold affusion on the head, states that, as he was sitting by the bedside of the patient, he was more than

once able to predict the immediate approach of the fit, by means of watching the pulsation of the carotids, which then became much more frequent and stronger. This observation (he says), taken in connection with the fact that the pulse at the wrist became weaker and more indistinct at that very moment, suggests many interesting considerations concerning local determinations of blood. Though the uræmia was doubtless the prime cause in this instance in inducing that state of brain which gave rise to the convulsions, the peculiar hyperæsthesia of the excitable districts, yet the success of the cold affusion, leeches to the head, and purgatives, render it also, I think, clear that this perilous symptom was mainly staved off by lessening the blood-flow towards the head. So also in the convulsions which are apt to occur in the early stage of the exanthemata, there can be, I conceive, no doubt at all that the brain is, as Dr. West describes it, in a state of active congestion, true hyperæmia. Exposure to the heat of the sun may, as he says, disturb the circulation and favour congestion of the brain, and so induce convulsions or other symptoms of an overloaded state of brain, which may all subside as soon as the excited circulation has recovered its wonted balance. He gives a good case in point, very similar to one respecting which I was consulted last year, in which, after exposure to a hot sun, actual and very severe meningitis occurred.

The eclamptic attacks which occur in puerperal females are undoubtedly sometimes greatly relieved by bloodletting and antimony, and consequently can scarcely be regarded as independent of undue intravascular pressure affecting the encephalon. Of this the following case (vide *Lancet*, 1866, Nov. 3) may be cited as an example.

Mary D., aged nineteen, a well-developed, robust, plethoric woman, had always lived well, and never had a day's illness. She had one sister, aged fourteen, who some years ago was subject to occasional epileptic seizures. In her first labour, she had two fits of convulsions, in which she foamed at the mouth and bit her tongue, her features being much distorted. Mr. Draper was sent for by the midwife in attendance, and found the patient recovering from the second attack. She was in a semi-conscious condition; face flushed; skin hot, but moist; tongue large and red and lacerated by the teeth; head hot; pupils rather contracted; pulse 120, full, and with difficulty compressible; occasional slight muscular spasm. The child's head being at the pelvic outlet, where the midwife said it had been for about two hours and a half, the forceps were applied, and a fine male child delivered. It was slightly asphyxiated, but was quickly restored. After the expulsion of the placenta the patient appeared quiet and comfortable. In three-quarters of an hour the convulsions returned, the paroxysms being more severe than before. Sinapisms were applied to the nucha and the calves, and cold to the head; and a dose of calomel and jalap was given besides the following draught every hour.

℞.—Ammon. potassio-tartrat. gr. ½; potassæ nitratis gr. x; sodæ potassio-tartrat. gr. xx; aquæ ℥j.

Most of the powder was rejected by vomiting. After this treatment the patient remained tolerably quiet about two hours, when she had a second relapse, the first being more violent and recurring more rapidly than hitherto; and she remained unconscious between the paroxysms. The face, as before, was flushed; respiration hurried and short; pulse 120 to 130, hard. As there was no albumen of consequence in the urine, about twenty-five ounces of blood were taken in a full stream from the arm. The pulse then became soft and compressible, and the patient shortly became conscious. She was ordered five grains of calomel and a minim of croton oil, and the above saline mixture to be continued. After this, the patient had no return of the fits, slept moderately well during the night, and made a good recovery.

In contrast to this case, it would be easy to cite numerous others where not depletory, but sedative treatment has been indicated, and found highly beneficial. No doubt can exist that, in puerperal eclampsia, the quality of the disorder may be different in different individuals; and, if so, why may it not be the same in epilepsy.

If any should object to the instances I have cited of uræmic, puerperal, and exanthematic convulsions being considered truly comparable to the attacks of essential epilepsy, I reply that Trousseau expressly recognizes their identity with those of epilepsy as regards the morbid phenomena, and says that they only differ in the attacks being multiple, and in the circumstances under which they occur. Neither of these features seems to me to establish any mate-

rial distinction between the two classes. Multiple attacks are, we well know, met with every now and then in chronic epilepsy. As to the attendant and originating circumstances, when the visible result is so similar, it seems to me very much like begging the question at issue to affirm that the condition of brain they produce is unlike that which prevails in all cases of essential epilepsy. It is fully conceded that, among the cases of epilepsy occurring in our large towns, it is rare to meet with one where the morbid condition is not one of anæmia and weakness and undue mobility, rather than of sthenic excitement and plethora; yet I can by no means admit that the latter condition is to be excluded from our list of causes, and I believe the case I narrated at the beginning of this lecture to afford a fair instance in point. To the above evidence must be added that of Schrœder van der Kolk, to whom we are much indebted for his minute examination into the changes produced in the nervous centres by this disease. He entirely dissents from the view that suddenly induced anæmia is the essential precursory condition of the epileptic attack. Among other observations, he says: "Equally little does this view find support from the fact that, before an attack, epileptic patients are usually more excited, more lively, and more irritable, and their face and their head manifest a greater degree of congestion. In one case I was able to ascertain this with precision. In a young man aged nineteen, who, under the use of digitalis, had continued for a considerable time free from attacks, I found the heat of the head excessively great in comparison with that of the cheek," the temperature of the forehead and vertex exceeding that of the cheek by 13° Fahr. Scarcely fifteen minutes after this observation had been made, a violent attack came on. (Sydenham Society's translation, p. 299.) He has found positive advantage from the use of derivatives, issues, and setons or cupping to the neck; not only the epilepsy, but the consecutive dementia, being removed or greatly amended thereby.

I have often spoken to you of the varying quality of inflammatory disease; and I hope, from this review, you will be inclined to agree with me, that the same holds true of convulsive disorder.—*Brit. Med. Journ.*, Feb. 8, 1868.

HOSPITAL NOTES AND GLEANINGS.

Diarrhœa and its Treatment at the London Hospitals.—The unusually high temperature experienced during the last few weeks has made its mark on the characters of prevalent diseases. Sunstroke, both in its syncopal and apoplectic forms, has become alarmingly common, and the death-rate has been considerably increased, more especially by diarrhœa among children. Men's habits have also to a considerable extent undergone a change: one meets a neighbour in Indian costume, and rather envies him than otherwise; tepid beer is no longer the universal beverage, and as, in the wisdom of tavernkeepers, a bottle of soda-water or a glass of claret is not to be had under fourpence or sixpence, many have taken to very dilute spirits and water instead of beer. The high temperature renders it impossible to keep fish or meat for any length of time untainted, and London now depends so much on its supplies of dead meat from the country that much of the cheaper varieties of meat at the disposal of the poorest must be in a very unwholesome state before it is consumed. Unsound meat and drink do not fail to take their revenge, and accordingly we find the hospital out-patients' case-books filled with the records of diarrhœa. One would think that there was nothing simpler in the world than to arrest excessive purging, and that the method to be adopted could scarcely fail to be similar at all places; and such was our impression until we undertook the present research, which has led us to the conclusion that almost every hospital has its peculiar mode of dealing with the disorder. Sometimes, indeed, in the same hospital different physicians deal with the disorder in totally different manners.

Many cases of diarrhœa have recently presented themselves at *St. Bartholomew's*, both casually and in the out-patients' rooms. The course of treatment ordinarily pursued is to give them a dose of the haustus aromaticus of the Hospital Pharmacopœia, which consists of half a drachm of aromatic confection in an ounce and a half of cinnamon water. Should, however, the bowels have been in a lax state for some length of time, a few doses are given at bedtime on successive nights of a mixture of gray powder and Dover's powder in equal propor-

tions, from five to ten grains of this compound being the ordinary dose. Should the motions be lumpy, a dose of castor-oil (half an ounce), with five or ten minims of Battley's liquor opii sedativus, is frequently prescribed.

Situated in the centre of a poor neighbourhood, *Middlesex Hospital* has had quite a run upon it by diarrhœa patients, as many as sixty a day being seen by the Assistant Physicians or by Dr. Stephens, the Resident Medical Officer. The ordinary prescription is the mistura hæmatoxyli of the Hospital Pharmacopœia. This consists of extract of hæmatoxylon sixty grains; tincture of catechu two drachms; caraway water and boiling water, of each five drachms; to be taken every four hours. Sometimes five or ten minims of laudanum are added to each dose. Chalk mixture, castor-oil and laudanum, and sulphuric acid and opium are sometimes given, but not as a rule. All patients are further directed to go to bed if possible, and to restrict themselves to milk as a beverage.

At *St. Thomas's Hospital*, between July 4 and 18, 112 patients labouring under diarrhœa presented themselves at the hospital, and twenty-four pints of diarrhœa mixture were given away by the porter in single doses. A considerable proportion of the patients were children, among whom the disorder has been most common and most fatal. Diarrhœa in children Dr. Gervis always treats with decoction of logwood combined with lime-water. Dr. Barnes, on the other hand, gives kino, catechu, or krameria, instead of lime-water, along with the decoction of logwood, when there is no vomiting. The casual cases are seen by Mr. Whitfield, the Resident Medical Officer, who ordinarily gives a dose of the hospital diarrhœa mixture, consisting of tincture of rhubarb half a drachm, tincture of opium ten minims, aromatic spirit of ammonia one drachm, and peppermint-water an ounce and a half, combined with a couple of grains of calomel. This is followed, if necessary, by the so-called "brown mixture," which is also used in the wards to arrest diarrhœa; it consists essentially of forty grains of compound chalk powder with opium in water. Occasionally, when the diarrhœa is bad, and there is vomiting associated with it, Mr. Whitfield orders five or ten grains of carbonate of soda with twenty minims of chlorodyne. Sometimes a mild aperient with an opiate is prescribed, and children are directed to receive lime-water or iced water regularly.

At *Charing-cross Hospital* a large number of people have presented themselves, both by day and by night. For casual patients the hall porter is provided with a simple astringent mixture consisting essentially of rhubarb and chalk mixture. This compound, indeed, constitutes the basis of the treatment of diarrhœa at this hospital. Dr. Julius Pollock ordinarily prescribes it when there appears to be any irritant material left in the bowels, and when the tongue is foul and coated When, however, the flux has lasted for some time, he generally gives dilute sulphuric acid, with tincture of krameria, opium, and cinnamon water. When there is much abdominal pain, he prescribes mustard and linseed poultices or hot fomentations to the belly, and in severe cases insists on the importance of perfect rest and quiet. Dr. Alexander Silver also prescribes rhubarb and chalk mixture, varying the proportions according to the character of the stools and the length of time the disease has lasted. If very recent, an ounce or an ounce and a half of rhubarb mixture with half an ounce of mistura cretæ is ordered immediately, to be followed up by smaller doses; if the disease has lasted longer, the quantity of chalk mixture is increased, and the rhubarb diminished. Should the stools have become slimy and there be much griping, dilute sulphuric acid and tincture of opium, ten or fifteen drops of each in peppermint water, are ordered. It is rare these cases are seen at the very commencement; if, however, they present themselves sufficiently early, castor oil and laudanum are ordered whilst for children a few grains of hydrargyrum cum cretâ, combined with a grain or so of compound ipecacuan powder, is found to yield the most satisfactory results. The liquor ferri perchloridi, ten or twelve minims to an ounce of water, is sometimes used in the case of weakly children. It not unfrequently happens that the purgation has followed the use of a laxative or cathartic taken for the purpose of removing uncomfortable feelings in the bowels. When such is the case, Dr. Silver usually prescribes the ordinary lead and opium pill of the British Pharmacopœia.

By the kind courtesy of W. J. Nixon, Esq., the House-Governor and Secretary,

we are able to state that the number of persons applying for diarrhœa to the receiving room of the *London Hospital* from June 29 last to July 27, inclusive, is 5719. This dose not include those attending as out-patients with letters of recommendation, nor does it include any of the attendants, etc. During the same period thirteen males and thirteen females have been admitted into the wards for diarrhœa. Dr. Woodman, the acting Resident Medical Officer, states that a considerable number of cases of continued fever (principally enteric), cases of consumption, and Bright's disease have been included amongst the cases brought for admission, but are not reckoned in the above statement. Of the twenty-six in-patients only one aged woman has died, who was admitted in a state of reaction from choleraic diarrhœa. There was reason to believe that she had granular kidneys. No case of true cholera has applied, but several of those admitted had very severe diarrhœa, accompanied with vomiting, cramps, loss of voice, and temporary suppression of urine. The usual treatment has been, when the tongue was foul or at the outset of diarrhœa, to give castor oil and laudanum, and enjoin rest in bed, with milk or farinaceous diet. But later on, or when the tongue was clean, aromatic sulphuric acid, with logwood decoction, chloric ether, and paregoric; or, dilute sulphuric acid, with sulphate of magnesia or manganese: or, an effervescing saline, and in two or three cases bromide of potassium. A few cases had chalk mixture. To prevent diarrhœa becoming prevalent in the wards, extra quantities of disinfectants have been used in the water-closets. There has not been any particular prevalence amongst the in-patients.

At *King's College Hospital*, cases of summer diarrhœa occurring among the out-patients have been treated by Dr. Morris Tonge with purgatives only, if they depend obviously on the presence of some irritating material in the bowel, castor oil and laudanum, or the mist. rhei ammoniata of the Hospital Pharmacopœia, being then given. In diarrhœa depending on other causes, and in cases of the first kind that persist after the matters irritating the bowel seem to have been completely removed by the aperient medicine, astringent mixtures are given, the most usual form being a mixture containing ten minims of aromatic spirits of ammonia, and from five to ten minims of tincture of opium, with half an ounce of chalk mixture and the same quantity of decoction of logwood, this dose being repeated at intervals varying according to the severity of the diarrhœa. The diarrhœa cases among the adult patients have not hitherto been very numerous, and the results of treatment have not been recorded.

Dr. Duffin treats most of his cases by means of castor oil, sometimes following up its exhibition by chalk mixture. A large number of casual cases have occurred, and have been mostly treated by a mixture containing castor oil, tragacanth, and oil of cinnamon, which may be considered the regular diarrhœa mixture of the hospital.

At *St. Mary's* the cases of diarrhœa for the most part come under the care of the House-Surgeon as urgencies or casualties, so that the Assistant-Physicians see a comparatively small proportion of them. On looking over the book kept by them, we found seventy-five admissions for the past week and twelve more by the Resident Medical Officer in the women and children's department. Dr. Broadbent has seen about a dozen cases a week for the last two or three weeks. His treatment in recent cases is castor oil or sulphate of magnesia, with ether, etc., followed by stimulant aromatic tonics; if the purging has been going on for a few days, he usually gives the sulphuric acid and opium mixture at once. Dr. Broadbent has not had any really bad cases in hospital practice; in private he saw one case fatal in twenty-one hours. Full directions as to diet are given in all cases; in young children he allows only sweetened barley-water for twelve to twenty-four hours, with a little brandy if necessary.

Dr. Lawson considers that the cases of summer diarrhœa which came under his notice were of two kinds: (1) Those induced by the direct action of the heat on the nervous system, diminishing the supply of nervous force to the mucous membrane, and so, in accordance with recent researches, enhancing the secretion; and (2), those produced by the use of impure water and the consumption of unripe or decomposing fruit. With this idea in view, he has been adopting two distinct lines of treatment for these cases. In the first form he has found the best results from the employment of salicine in from six grain to eight-grain doses, once, twice, or, in extreme cases, three times a day. In the second form, he

has found most advantage from the tincture of perchloride of iron in doses of from ten to fifteen minims in bitter infusion three times a day. Chalk mixture, alone or in combination with catechu, has been of little service; but the salicine and tinctura ferri perchloridi produced the happiest results. The diarrhœa of children he has treated best by stopping the supply of milk and substituting beef-tea, and by administering brandy and the aromatic sulphuric acid in very minute doses.

At *University College Hospital* we were surprised to learn, seeing that it is situated in rather a healthy neighbourhood, that between 200 and 300 patients had daily attended for diarrhœa medicine. This wonder, however, ceased when we learned that the mixture consisted essentially of dilute sulphuric acid in an aromatic water. The fame of it spread abroad, and patients came for it even from Whitechapel and the south side of the Thames. Indeed, it is said that it was sold in the streets as lemonade. The disappointment will doubtless, therefore, be general now that a small proportion of tincture of assafœtida has been added to the otherwise pleasant draught.

The diarrhœa patients at *Guy's* are mostly treated by the House-Surgeons at the surgery and out patient rooms. Few have presented themselves to the Assistant-Physicians—indeed, Dr. Hilton Fagge did not recollect seeing a single case recently; but about twenty or thirty have daily been prescribed for casually. The ordinary treatment is by astringents, the mixture containing chalk, opium, and catechu. In some instances a little Dover's powder is prescribed in the julep ammoniæ of the Hospital Pharmacopœia.

At *St George's Hospital* very few have attended—not more than a dozen a day—whilst at Westminster, surrounded by a lower and more filthy population, above forty have been seen every day. These patients are prescribed for by the House-Surgeons, the treatment varying; sometimes it consists of castor oil and opium, or chalk and opium. Dr. Basham's favourite prescription is sulphuric acid and laudanum, five minims of the former and three of the latter to an ounce of water. The compound rhubarb mixture is also frequently prescribed. It contains tincture of rhubarb and chalk. For children simple chalk mixture is mostly given.—*Med. Times and Gaz.*, Aug. 1, 1868.

Cancrum Oris.—J. M'K., a boy aged 5 years, was brought to the city of Dublin Hospital by his mother for surgical relief. His health suffered materially of late, in consequence of successive attacks of whooping-cough, scarlatina, and measles. He lived in an unhealthy locality in this city. He presented an anæmic appearance. His *left* cheek was much swollen and shining; he cried from the pain, and very fetid saliva dribbled from his mouth. The glands of the neck were enlarged. On opening his mouth an ashy gray-coloured slough was observed, extending from the angle of the mouth at the left side (and involving the lower lip) to behind the last molar tooth.

Treatment.—The diseased part having been dried with lint, a piece of soft wood, chewed at the end, dipped in strong muriatic acid, was freely applied to the entire slough. The teeth were protected by a piece of lint, saturated with olive oil. Chlorate of potash, in fifteen-grain doses, in decoction with tincture of bark, was directed to be taken three times a day, and a chlorate of potash gargle to be used frequently. A liberal allowance of wine and beef-tea were also prescribed. In two days, under this treatment, the slough became detached; the part assumed a healthy appearance, and the boy recovered quickly.

Case 2.—M. M'K., aged three years, *sister* of subject of preceding case, was similarly affected in the *right* cheek, but not so severely. The same treatment was adopted and with great benefit.

Remarks.—Mr. Croly explained that cancrum oris is a serious sequela of measles, occurring in delicate children who are ill-nourished and dwelling in unhealthy localities. The disease, he said, has been confounded with mercurial salivation, but may be easily diagnosed by the history of the case, and by the fact of cancrum oris attacking only *one* side of the mouth, whilst the sloughing caused by mercury occurs at *both* sides.

The treatment must be decided. Muriatic acid is a favourite and excellent application, and the internal administration of large doses of chlorate of potash in bark, with generous and stimulating diet, constitutes the proper treatment for this formidable disease.

The occurrence of the affection in two children of one family at the same time, is remarkable and worthy of notice. Noma

pudendi, of which a case was recorded by Mr. Croly in a late hospital report, is an analogous disease, and requires the same line of treatment.—*Med. Press and Circular*, Aug. 5, 1868.

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Treatment of Tongue-tie.—The method which Mr Maunder, of London Hospital, has been in the habit of employing to remedy this malformation is to tear or lacerate the membrane with the forefinger. The finger is, of course, introduced into the mouth to ascertain the existence of the deformity, and this is no sooner recognized than pressure directed downwards and backwards towards the floor of the mouth (the finger-nail resting on the frænum), tears the latter and the object is effected. This means, Mr. Maunder remarks, is very simple, can be carried out under the veil of making a digital examination, and as no surgical instrument is employed, is highly acceptable to mothers.—*Lancet*, Aug 8, 1868.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Pennsylvania Hospital.—The large amphitheatre for clinical instruction at this hospital, now being constructed, is rapidly advancing towards completion. It is situated north of the main building, with which it communicates by a gallery. The shape is octagonal, the table occupying the south side, in front of the entrance from the gallery, and the seats rise towards the other sides in the form of an amphitheatre. It will be lighted from windows and a dome. Under the seats at the north side is a room for the pathological museum of the hospital.

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Medical School of Harvard University.—Dr. David W. Cheever has been appointed Adjunct Professor of Surgery in this school.

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Naval Medical Board of Examiners.—This Board, which has been in recess during a short period, will be in session from September 1. It consists of Surgeons W. S. W. Ruschenberger (President), Lewis B. Hunter, Wm. Grier, and Thomas J. Turner (Recorder).

The present vacancies in the medical staff exceed forty.

Permission to be examined may be obtained from the Secretary of the Navy, or from the Chief of the Bureau of Medicine and Surgery, Navy Department.

Candidates are required to present testimony of good moral character, to be not over twenty-six years of age, to be of sound health, and free from any hereditary tendency to disease of body or mind.

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A New Asylum.—The Turner's Retreat, at Norwich, Conn., a State asylum for the cure of inebriates and opium-eaters, has recently been organized at Wilton, where the institution is located; Dr. J. Edward Turner was elected President.

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Berkshire Medical College, at Pittsfield, Mass.—There will be no lecture term in this institution this year, and probably the college will be abandoned or greatly modified in its character.—*Med. Record*, Aug. 1, 1868.

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A Sensible Legislature.—The Legislature of Wisconsin has passed a law, legalizing dissections, and also to prevent quacks from giving testimony in court, on medical matters, and from collecting fees.—*Med. Record*, Aug. 15, 1868.

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California Medical Gazette.—This is the title of a new monthly journal, of which the first number bears the date of July, 1868. It is published at San Francisco, Cal., by A. Roman & Co. Each number contains 24 pages octavo, double columns, and makes a neat appearance. The editor's name is not given. We welcome this journal to our exchange list.

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Medical Department of the University of Louisiana.—We learn from the annual circular of this institution for the session of 1868-9, that Dr Joseph Jones, late of Nashville, has been appointed Professor of Chemistry in the above school.

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Variola in San Francisco.—It is stated in the *California Medical Gazette* (July, 1868) that "The medical feature of the month [June] has been the outburst of variola. Up to the end of the month of June 28 cases were reported to the health officer and sent to the pest house; of these, 16 proved fatal, and the remaining 12 are reported convalescent."

FOREIGN INTELLIGENCE.

Death from Chloroform Administered for the Amputation of a Finger.—A death from the inhalation of chloroform has occurred at the Essex Lunatic Asylum, Warley. An inquest was held before C. C. Lewis, Esq., coroner. The patient was a man, aged 28, whose finger had to be amputated from recent injury. The quantity administered was, it was stated, only a drachm; and the verdict of the jury, after hearing the medical evidence, was—"That death resulted from convulsions; such convulsions resulting from fatty degeneracy of the heart." The stethoscope had disclosed no signs of this disease. The chloroform was administered on a handkerchief in three doses of twenty minims, and maintained during the operation. The patient became violently convulsed, and the pulse ceased. There was tubercle at the base of the brain; the heart was soft and fatty, the liver heavy and soft. —*Brit. Med. Journ.*, July 25, 1868.

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Nitrous Oxide as an Anæsthetic.—It is stated (*Brit. Med. Journal*, July 25) that "the employment of this gas is rapidly on the increase, and it is being now used by many of those who were opposed to its introduction, when we first drew attention to the importance of investigating its properties. Our contemporaries in the medical press, who attempted to suppress it, actively or passively, are now beginning to notice its employment in more favourable terms. It is being employed at the Dental, Middlesex, St. George's, St. Mary's, and other hospitals, and its use in private practice is becoming extensive, especially for dental purposes. Mr. Haynes Walton and Mr. Earnest Hart have been using it for various ophthalmic operations with success. Mr. Coleman has communicated to us, in a letter of some length, an account of a method by which he successfully purifies it for use by repeatedly passing the exhaled gas over lime, thereby reducing the cost per patient to about one-third. Mr. Clover has made many practical and excellent improvements in the form of inhaler. Dr. John Murray has continued the experiments with nitrogen as an anæsthetic, commenced by Dr. Sanderson and himself, and we hope soon to be able to publish a more detailed account of the important results obtained, to which we have already referred."

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Treatment of Fractures of the Thigh with Traction by Weight and Pulley.—M. J. H. James, F. R. C. S., in a communication in the *Lancet* (July 18, 1868) states that in the introductory address given by him at the meeting of the Provincial Medical Association, in 1839, and published in their transactions (Vol. VIII.) he gave an account of the method he had been employing for some time, of treating fractures of the thigh with weight and pulley. He admits, however, that Hildanus (Hildani opera, page 47) described an apparatus for the purpose. All recent claims to be the originator of this method are consequently invalid, though Mr. James may take precedence of modern claimants.

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Relief of Pain in Open Cancer.—The field for experience in cancer at the Middlesex Hospital is, as is well known, an unusually large one, and opportunity has therefore been afforded for testing fairly the action of remedies in affording relief in this distressing disease. We learn that the exquisite pain which belongs to open cancer is found to be best relieved by the stramonium ointment, which is employed at this institution. The following is the formula for this in the hospital pharmacopœia: Half a pound of fresh stramonium leaves, and two pounds of lard. Mix the bruised leaves with the lard, and expose to a mild heat until the leaves become friable, then strain through lint. The ointment thus prepared is spread upon lint, and the dressing changed three times a day.—*Lancet*, Aug. 8. 1868.

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Prolonged Suppression of Urine.—Dr. Gallina, of Leno Bresciano, relates (*Gazetta Med. Ital.-Lombardia*, July 4) the following extraordinary case: B. G., aged 27, and a mother, when first seen August 22, 1867, had suffered for five months from amenorrhœa and leucorrhœa, and had not passed any urine since the preceding day. A few drops of dark coffee-coloured fluid were removed by the catheter. On account of some lumbar and abdominal pain, some leeches were applied to the anus, and an oleaginous purgative prescribed, together with diuretic drinks. During the next eight days no urine appeared, and, the lumbar pain persisting, other leeches were

applied to the perineum and the nitrate of urea administered. The leeches were repeated, and tepid baths were resorted to, but all in vain for by the fourteenth day no urine had appeared. The patient's general health did not suffer, and on the twenty-fifth day of the suspension she was enabled to accompany her attendant to Brescia, to consult Dr. Albertini, of the Milan Hospital, who had arrived there. The most careful examination continued during two hours failed to detect anything amiss in the system beyond this absence of secretion of urine. Professor Rodolfi, of Brescia, was also consulted, and he felt persuaded that to the amenorrhœa the suspension of the secretion was to be attributed. Emmenagogues were prescribed, and the menstrual flux after a while was produced. On the forty-third day after the suspension, distension in the region of the bladder was observed, and 600 grammes of urine were removed by the catheter. The same was done next day, and the day after the patient passed it spontaneously, and has continued to do so, her health not having suffered from this prolonged suspension.—*Med. Times and Gaz.*, July 25, 1868.

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Thymic Acid.—This acid, obtained from the essential oil of thym, has been proposed as a succedaneum of carbolic acid or creasote. It emits no disagreeable smell, and is powerfully antiseptic. Its composition is $C_{20}H_{14}O_2$. In a concentrated form it may take the place of nitrate of silver; and, as an antiseptic, it should be dissolved in 1000 parts of water, with the addition of a little alcohol.—*Lancet*, Aug. 8, 1868.

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The Action and Treatment of Cobra-Poison.—Surgeon-Major Charles B. Francis, of the Indian Army, has been experimenting with a view to investigate the action of cobra-poison and the discovery of an antidote. He has established that the ichneumon or mungosse, vulgarly supposed to be invulnerable. will, when fairly bitten, die from the effects of cobra-poison, exhibiting the same symptoms as other animals; that harmless snakes, bitten by a cobra, die; but that, when cobras are made to bite each other, they do not suffer. This last is a very nice experiment to perform, as they have each to be held by the neck, with the thumb well pressed upon the back of the head, and so approached to each other, and to fight till the jaws are well locked together. As to treatment, while no direct antidote is known, two remedies are of the highest value: stimulants, as ammonia, which prevent life from becoming extinct while the poison is wearing itself out; and continued and forced exertion. In all the cases to which Dr. Francis has been called, where measures having for their object the prevention of lethargy were fully aimed at, the result was highly satisfactory. Dr. Fayrer and Dr. Francis do not confirm the changes described by Dr. Halford in the blood of animals dying after the bite of the cobra.—*Brit. Med. Journ.*, Aug. 8, 1868.

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A New Test for Blood-Stains.—We were informed recently that a medical practitioner at Geelong, Australia, had discovered a new method of testing for blood, which was of a very delicate character. It consists in the application of an ozonized ether and tincture of guaiacum. As we have personally tried the experiment with some tests supplied to us by Messrs. Savory and Moore, and with success, the information may prove interesting to our readers. It appears to be very delicate, and, consequently, requires that the amount of blood should be small, and in a very thin layer—the merest stain—otherwise the blue colour which is developed becomes so concealed by the colouring-matter of the blood as to be inappreciable, except around the edge of the blood stain. By applying, however, the above agents separately to blood-stains on a handkerchief, we did not ourselves fail to produce a characteristic blue colour.—*Lancet*, Aug. 8, 1868.

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Fungi and Disease.—The question which is now on the *tapis* in professional circles, and which it is of the highest interest to obtain a satisfactory reply to, is—In how far do fungi and disease stand to each other in the relation of cause to effect? Professor Hallier, Mr. Simon, Dr. Salisbury, and all that school, believe implicitly in the influence of fungi as causes of disease. On the other side, we have two very able authorities in this country in Dr. Thudichum and the Rev. J. M. Berkeley, who utterly deny the fungus hypothesis. Now, it must be admitted that up to this time the advocates of the fungus theory, on whom the *onus probandi* fairly lies, have failed in all cases to do more than show the coincidence of

fungi and disease. But this is but small ground for the inference they draw from the observation. As has been often suggested, both the disease and the fungus may be coincident terms of the same unknown condition. The crucial test is a tolerably easy one. Let Dr. Salisbury and his party propagate their fungi, and then, by inoculation, reproduce the disease with which the parent fungi were originally associated. This would convince every one. But really, till it is accomplished, it is unwise to push too far a fascinating hypothesis, which too sanguine practitioners may make the basis of an unsound and therefore dangerous practice.—*Med. Times and Gaz.*, July 25, 1868.

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Cholera Fungus.—We understand that the Director-General of the Army Medical Department and the Senate of the Army Medical School have taken an important step with a view to the final settlement of the Cholera Fungus question. Acting on the advice of the professors of the School, the authorities have consented to send two of the most distinguished *élèves* to Germany to study the subject under Professors Hallier and De Bary. The young medical officers, after mastering the mode of investigation pursued in this difficult inquiry by the eminent men above named, are to proceed to India, and to be set apart to investigate it in that great field of observation—in the very home of cholera. It is to be hoped that this well-advised measure will meet with the success it deserves. It is much to the credit of the Secretaries of State for War and India that they have consented to carry out this measure in a wise and liberal spirit.—*Lancet*, July 25, 1868.

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Aphorisms for Bathers.—The Committee of the Royal Humane Society have issued the following rules for the guidance of bathers. They were framed by Dr. Christian and Dr. Sieveking. These rules, which are sensible and practical, cannot be too extensively known.

"Avoid bathing within *two* hours after a meal.

"Avoid bathing when exhausted by fatigue or from any other cause.

"Avoid bathing when the body is cooling after perspiration; but

"Bathe when the body is warm, provided no time is lost in getting into the water.

"Avoid chilling the body by sitting or standing *naked* on the banks or in boats after having been in the water.

"Avoid remaining too long in the water. Leave the water immediately there is the slightest feeling of chilliness.

"Avoid bathing altogether in the open air if, after having been a short time in the water, there is a sense of chilliness with numbness of the hands and feet.

"The vigorous and strong may bathe early in the morning on an empty stomach.

"The young, and those that are weak, had better bathe three hours after a meal. The best time for such is from two to three hours after breakfast.

"Those who are subject to attacks of giddiness and faintness, and those who suffer from palpitation and other sense of discomfort at the heart, should not bathe without first consulting their medical adviser."—*Lancet*, Aug. 8, 1868.

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Cinchona in Jamaica.—It is stated that there is every prospect of the attempt now being made to cultivate cinchonas in Jamaica will be successful. Under the direction of Mr. Robert Thomson, operations were at first confined to propagation, which was undertaken in a systematic way in the early part of 1866. At the present time, as the result of the growth of cuttings and of seed furnished by Dr. Hooker from Ceylon, there are about 25,000 plants in vigorous growth. In May, 1867, a score of *cinchona simarubra* were transferred to a site of an altitude of 3700 feet, when they were about six inches in height. At the beginning of the present year, they had grown to that of three feet. The larger number, however, of the 25,000 were in pots; 500 only had been planted out at a height of 5200 feet. Mr. Thomson, we understand, is fully impressed with the opinion that the cultivation of the cinchona will be highly remunerative.—*Brit. Med. Journ.*, July 25, 1868.

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Diploma Selling.—It will be remembered that at the meeting of the British Medical Association last year, Sir Dominic Corrigan, in his address, stigmatized the University of Giessen and the "University of the State of Pennsylvania," for selling their diplomas. The following notice in a late No. (Aug. 8)

of the *Lancet* throws some light on this subject:—

"We understand that at a meeting of the Faculty of Physicians and Surgeons of Glasgow, held on the 3d instant, the name of William Macdonald, M. D., Argyle-street, Glasgow, was struck off the roll of Fellows. This procedure necessarily followed on Dr. Macdonald's name being erased from the Medical Register by order of the General Medical Council for 'infamous conduct in a professional respect.' It may be remembered that the offence of which Macdonald was accused and found guilty was that of offering to procure for fee or reward degrees from foreign Universities, and in falsely pretending to hold a commission from the University of Giessen for inviting young persons, aspirants for the degree of Doctor of Medicine, to Giessen."

The following extracts, from an editorial in a late number of the *Medical Press and Circular* (Aug 5, 1868), furnish further light on the status of American diplomas in Great Britain:—

"There is a good deal of ignorance prevalent among us about the medical qualifications of our transatlantic brethren, and as we have recently had the pleasure of inspecting what our readers will doubtless consider a remarkable document, we shall make a few observations on the genuine, as distinguished from the humbug degrees, which are openly given—even sometimes under legal sanction—in the United States.

"In the first place, we must remember that there is no real difficulty in almost any American medical school obtaining the power of conferring the sole necessary qualification, that of M. D. 'The New York Homœopathic Medical College,' and many others of like kind, have this right; and are, legally speaking, on perfectly equal terms with the respectable and really learned institutions which confer medical degrees on the first class of American physicians, whose representatives, or members, we so often have the pleasure of welcoming to our houses in the mother country; and who are professionally inferior to no medical men in the world.

"In the United States the assumption of the title of M. D. without legal right is attended by no legal penalty. Any one can style himself captain, or colonel there, and so he may adopt the more learned professional title if he think fit

"But, apart from this facility in becoming or assuming to have become, an M. D., it may be stated that a few years ago there was in the United States no less than thirty-seven medical schools, each of which conferred the degree of M. D. * * *

"As an instance of a certain class of 'degrees' which are attempted to be foisted into these kingdoms under any but true pretences, we shall give *verbatim, literatim, et punctatim*, a copy of one which lately came under our observation.

"It was forwarded by its owner (we understand) to one of our most respectable and time-honored medical corporations as a *bona-fide* qualification, on the ground of which the owner sought for admission to examination for a medical license. At the same time a similar application was made by an M. D, of the College of Physicians and Surgeons of New York—one of the oldest and most respectable of the American licensing bodies; the former application was refused, while the latter was granted.

"Herewith we give the document above referred to, merely suppressing the name of the candidate, with the names of those who signed it, and the date:—

"'To all men greeting.

"'Be it known that the President on behalf of the Trustees, and we, the Faculty of the Eclectic Medical College of Pennsylvania, incorporated by an Act of General Assembly, of the Commonwealth of Pennsylvania,

do hereby testify, that ——— Having made suitable proficiency in the preliminary branches of education as preparatory to the study of the Medical Profession, and devoted the term of three years to the study of the several departments of Medical Science, under the tuition of a competent Medical Preceptor, and having attended two full courses of Medical Lectures, and passed a successful examination in each department of study before us, the Professors of the College; therefore, in consideration of his qualifications for the duties and responsibilities of the Profession, and by virtue of the power vested in us by the Commonwealth of Pennsylvania, we do hereby confer upon the said ——— the degree of Doctor of Medicine, thereby granting and conceding unto him all the Rights, Privileges, and Immunities belonging to that degree here and elsewhere. We also recommend him to the confidence and patronage of the public.

"'In Witness Whereof, we have caused to be affixed our corporate Seal to this diploma, and subscribed our names to the same.

"'Given at the College Hall at Philadelphia, on the —— day of April, A. D. 186—.'

"At the bottom of this document was a grand seal, on the margin of which were the words—'Eclectic Medical College of Pennsylvania. Incorporated. 1850.' In the centre, and amidst a 'glory,' was the potential term, 'Eclectic;' and around it, outside the glory, but inside the marginal legend were these awful derivatives—'Chromo-thermal,' 'Electropathy,' 'Hydropathy,' 'Allopathy,' 'Thomsonism,' and 'Botanic.' Close beside these were recorded the words 'Truth,' 'Nature,' and 'Wisdom,' admirable principles, indeed, on which, doubtless, the Eclectic Medical College of Pennsylvania, professed to conduct its operation."

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University of Glasgow.—Dr. LEISHMAN has been appointed Professor of Midwifery in this school to fill the vacancy caused by the death of Dr. Pagan.

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The Feats of a Juggler exposed.—A correspondent of the *Gazette des Hôpitaux* states that at one of M. Flammarion's *soirées scientifiques* he recently had the opportunity of examining some of the feats of Ling-Look, the celebrated Chinese juggler. He is a very finely-made man, of about 30 years old, having very little Chinese in appearance except his tail. He presented a sabre to the company, which, on examination, was found to be a true sabre with its point blunted measuring ninety centimètres. Bending his head very far back, so that the digestive canal might present a straight line from the mouth to the stomach, he introduced the blade into the pharynx, and pushed it to a depth of eighty centimètres. Its extremity was easily felt with the hand on a level with the left iliac fossa; and it was evident that the lower wall of the organ had been carried down to that point. In fact, this new method of œsophageal catheterism presents nothing extraordinary in its mechanism, but it is a curious feat, requiring on the part of the performer great dexterity and persevering gymnastics. Ling Look next introduced a hen's egg in its entire shell into his mouth, which disappeared from sight during a feigned movement of deglutition. The throat was examined and the neck percussed without the egg being discovered. Nevertheless, the juggler swallowed a whiff of tobacco, and the egg reappeared in his mouth. Much difference of opinion prevailed as to the explanation. M. Fournié, believing that he had observed an incompleteness in the deglutition, maintained that it had been retained in the laryngo-pharyngeal region, while others were of opinion that the egg had really descended to the stomach and had been brought up by a kind of ruminatory effort. The feat being again performed, M. Fournié brought his laryngoscope into play, and, with the aid of magnesium light, was enabled to exhibit to every one present the egg lying below the base of the tongue on a level with the laryngeal orifice, where, by constant practice, Ling-Look had managed to construct a kind of nest for it. Those familiar with the laryngoscope know that after a sufficient amount of practice a foreign body can be borne in the pharyngo-laryngeal region without exciting efforts to swallow; so that the feat is not physiologically surprising, although it is a very curious one, very difficult of execution, and well deserving the applause it always induces.—*Med. Times and Gaz.*, Aug. 1, 1868, from *Gaz. des Hóp.*, June 20.

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OBITUARY RECORD.—Died, at Malvern, England, aged 82, WILLIAM STEVENS, M. D. Dr. S. was well known as having been the first to ligate the internal iliac artery, as the originator of the saline treatment of cholera, and by his work published in 1832, *On the Healthy and Diseased Properties of the Blood.* He was educated at Glasgow under the celebrated Allen Burns, emigrated to Santa Cruz where he practised for some years, and was also engaged in sugar growing. He gained there a high reputation, and was greatly esteemed. After leaving Santa Cruz he came to the United States, where we had the pleasure of making his acquaintance and of witnessing a number of his experiments illustrative of his views regarding the properties of the blood. Subsequently he returned to England and settled at Malvern.

—— Suddenly, July 27, in London, BENJ. TRAVERS, Jr., in the 60th year of his age. He was the younger son of the celebrated Benjamin Travers, of St. Thomas's Hospital. He published several contributions to surgical literature; but never acquired the fame enjoyed by his father.

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HENRY C. LEA, Philadelphia.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

CLINICAL LECTURE.

Part of a Clinical Lecture on the Use of the Iodide of Potassium in Tertiary Syphilis. By JAMES PAGET, Esq., F. R. S., &c. &c.

The case which I have read to you from Mr. Butcher's notes is very rare, in that it shows a failure of iodide of potassium in the treatment of tertiary syphilitic ulcers of the leg. The good effects of this treatment you have plenty of opportunities of seeing; and I have often pointed it out to you as an instance of the action of what may justly be called a specific remedy; that is, of one that acts against a disease surely, directly, and, in cases free from complication, almost irrespectively of such circumstances as rest, diet, and the like.

But there are some rules for the giving of iodide of potassium which I wish to commend to you. They are useful in whatever cases you may employ this medicine, but they are especially worth observing in cases of tertiary syphilis, whether evidenced by ulcers, or periostitis, or any other symptoms. The method in which you usually see me order the iodide is in what we call the haustus potassii iodidi cum ammoniâ, in which three grains of iodide of potassium and half a drachm of aromatic spirit of ammonia are given in two ounces of water three times a day. For the dressing of ulcers, the ointment of nitric oxide of mercury is used, spread on pieces of lint exactly big enough to put into the several sores. And in a very great majority of our cases this method is sufficient for the cure; that is, for so much of a cure as the iodide can effect; for, however it may be given, it never, in any of the forms of tertiary syphilis, does more than cure the existing symptoms. It thus helps time and the natural processes of recovery in curing the disease, but it is not a complete cure for syphilis as, in some cases, mercury is. The doses of the iodide thus prescribed should be taken soon after meals. It is probable that the iodide becomes combined with starch directly after it gets into the stomach, when starch and free acid are generally present

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after meals. But this seems to do no harm, and an advantage of giving the medicine at these times is that it very rarely causes the feeling of sinking and depression which often follows when it is taken into an empty stomach. Perhaps, also, the ammonia helps to this end; or it may be useful by combining with any free iodine. Any how, I know that the formula we use is a good one; it may not be the best possible, but it is a very good one, and will suffice for the cure of the present symptoms in a very large majority of the cases of tertiary syphilis that you will have to do with.

When this method of giving iodide of potassium fails, or is less quick in its influence, or in any way troublesome, there are several modes of helping it. Sometimes, but, I think, very rarely, the dose must be increased. Nine grains of iodide in the day seem insufficient in some cases; fifteen or thirty may suffice. I do not find reason for this increase more than once or twice a year; and a larger increase I have never yet prescribed. I do not say that much larger doses cannot be necessary, for some good observers say they are; but I have not yet had cases requiring them. Whatever doses you may generally prescribe, you will find it useful, and sometimes essential, to aid the action of iodide of potassium by curing whatever complicates the syphilis for which you give it. For syphilis in all its forms is a very miscible disease. You may find it mixed not only with common inflammation, but with gout or rheumatism, scrofula or tuberculosis, or, so far as I know, any other chronic constitutional disease whatever. And in every such case, it is proper to pay regard to the complication as well as to the syphilis. Even in primary syphilis, if a patient have an acutely inflamed, or a sloughing, or anywise diseased, hard chancre, you should try to cure the inflammation, or the sloughing, or whatever else it may be that complicates the chancre, before you give mercury. And so with tertiary syphilitic ulcers. If they come under care when they are acutely inflamed, it seems always a saving of time to give them a few days' rest, and cleaning and poulticing, before using the iodide of potassium and the nitric-oxide ointment. In short, in all these cases of local complication, you should, if possible, reduce the specific disease to its simple typical form before giving the specific remedy. In like manner, when any form of syphilis is mixed with any other constitutional disease, you should try to cure them both at the same time; for the complication sometimes hinders the cure of the syphilis by disturbing or spoiling the action of its best remedies. It is, I think, through want of attention to this rule that the common doses of iodide are sometimes thought useless.

Tertiary syphilis is often very tenacious in its hold on the bones and joints of persons of gouty constitution; and there are some continental watering places that have gained a great repute for the cure of tertiary symptoms. The reason is, I believe, that the sensible physicians of those places give their patients not only the waters, but the appropriate doses of iodide of potassium or of mercury. And you will find that, in some of your patients, and, especially, in those of gouty constitution, the iodide will act better, and with much greater power, if, while taking it, the patient will drink daily a large quantity of water. Alkaline water may be the best; but plain water will often suffice, and the rule may be that each dose of the iodide should be taken in from six to ten ounces of water, or some very weak liquid. I have seen so great good from this plan that I can readily believe that there was real utility in the plan of giving diet-drinks in large quantity, though I may suspect that the chief value of the drink was not in the herbs but in the water they were boiled in. None profit more by this method than the gouty syphilitic. But there are many more whose excretions seem habitually insufficient. They are fat or plethoric, coarse-skinned or muddy in complexion; they pass little urine, and seem to retain too much of the refuse of their food and tissues. For any of these, the water drinking may be very usefully prescribed with the iodide of potassium.

When either scrofula or tuberculosis is mixed with syphilis, the combination produces one of the worst forms of disease we ever have to deal with. And the worseness attains its worst when the mischief of an injudicious use of mercury is added. It is in these cases, and in these almost exclusively, that syphilis, not affecting internal organs, becomes dangerous to life; and commonly the danger is to be warded off only by attending at the same time to the syphilis and to the complications. So far as it is possible, the whole of the treatment

advisable for scrofula or for tuberculosis must be combined with the treatment for syphilis. What this whole treatment should be, I need not now try to tell. Cod-liver oil, and bark and other tonics, fresh air and sea bathing, which are of comparatively little direct use against the syphilis itself, may greatly help its cure by curing its complications. Iron, too, is often useful; and there is a rule, I believe, of some value to be observed in giving it. The iodide of iron (at least that which is to be had in the syrupus ferri iodidi) is not a remedy for syphilis as the iodide of potassium is; it seems comparatively useless. When you wish to give iron, give it in the citrate or potassio-tartrate, together with the iodide of potassium. In this manner I believe that you may get the good effects of both the medicines.

I think that if you will observe these rules about the modes of giving it, you will very rarely be disappointed in giving the iodide of potassium, in doses of two or three grains, for the cure of the symptoms of tertiary syphilis. If they should fail, you should try larger doses; and if they, too, fail, as in very rare instances they will, you must make the best choice you can between giving mercury or simply maintaining the best possible state of general health, so that the patient may bear the disease till he can live it down.—*Brit. Med. Journ.*, May 9, 1868.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Treatment of Fractures by Extension by Weights and Pulleys.—We are under obligations to Dr. R. J. Farquharson, of Cummins, Ark., for calling our attention to the error in our last number, awarding to Mr. James the priority of modern claimants for the invention of this method. Dr. Wm. C. Daniell, formerly of Savannah, Geo., described, in the *American Journal of the Medical Sciences*, vol. iv. p. 330, two cases successfully treated by traction by weights and pulleys, one of them so long ago as 1819, and gave figures of the apparatus he devised for the purpose.

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Calcareous Degeneration of the Pericardium. — Curtis F. Fenn, M. D., records, in the *Chicago Medical Examiner*, June, 1868, the following interesting case: James Owen, labourer, æt. 65, admitted into County Hospital Dec. 19, 1867; body emaciated; feet and legs œdematous, and complexion cyanotic; circulation always excitable, irregular, intermittent, and feeble; the radial pulse was felt with difficulty, owing to what seemed to be an obstruction in walls of artery. The apex beat of heart was perceptible to left of normal position; there was total want of rhythm, and a sense of distance in the sound; no friction sounds or murmurs were detected; respiration was irregular, sighing, and imperfect, especially at night; mental faculties were disturbed, there being generally passive delirium; no paralysis; pupils contracted. Previous history imperfect; once had rheumatism. Patient died Feb. 2, 1868. Autopsy forty-eight hours after death; marked emaciation; old adhesions of right pleura; middle lobe of right lung hepatized; coverings of the heart *in situ* appeared normal: on section of the pericardium there was found an extensive deposit of calcareous matter, covering the whole anterior, and about half the posterior face of the heart. It spread out like a shell, being thickest where the pericardium unites with the central tendon of the diaphragm, and gradually becoming thinner as it extended from the base in two parts, resembling the bivalve of an oyster, the distance of four and a half inches anteriorly, and three and a half posteriorly. A firm adhesion existed between the apex of the heart and base of the sac. This was severed, and the heart removed without injury to the shell. It maintained then the shape of a cup, somewhat irregular in outline, but capable of holding half a pint. The inner surface of the pericardium was roughened in spots by the concretion, otherwise both surfaces were smooth; the heart was enlarged and softened and covered with a pearly deposit of plastic lymph; the right auricle and ventricle were filled with coagulum and dilated; the tricuspid and mitral valves were a little thickened, but pliable; the aortic semilunar valves were calcified along their free border, but not impaired as to their sufficiency; the arch of the aorta, about the opening of the left subclavian, presented a roughened and calcified surface a square inch in area; plastic deposits appeared along the inner surface of the thoracic aorta. The liver

was enlarged and indurated, as if from chronic inflammation of the capsule; the gall-bladder distended with black fluid. The kidneys were both atrophied to about one-third their normal volume; the pyramids and cortical substance appeared blended, and contained cysts varying in size from that of a hazel-nut to that of a pin-head. On the surface of one was a cicatrix, as if a cyst had been ruptured and healed. An examination of the brain showed a deposit of serum within the sub-arachnoidian space, but no lymph and no adhesions. There was calcareous degeneration of the internal carotid and vertebral arteries, and the branches forming the circle of Willis. The walls of the ophthalmic arteries were also hardened and their calibre diminished by the same foreign deposits.

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Pennsylvania Hospital.—J. A. Meigs, M. D., Professor of the Institutes of Medicine in the Jefferson Medical College, has been elected one of the attending physicians to the Pennsylvania Hospital, in the place of Dr. James J. Levick, resigned.

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The Philadelphia Medical Register and Directory.—We take pleasure in announcing the appearance of this useful little volume, edited by Dr. John H. Packard, and which has been recently issued by Collins, Printer, 705 Jayne Street. It furnishes much useful information regarding the various Medical Associations, Medical Schools, and kindred Institutions; Hospitals, Dispensaries, Charitable Institutions, and other matters, and a Directory of the Physicians of Philadelphia, with their office hours.

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The Physician's Visiting List.—This annual volume, issued by Messrs. Lindsay & Blakiston, has now reached the 18th year of its publication, and is so well known, and its usefulness is so generally recognized, that it is sufficient to announce that the List for 1869 has appeared, and may be obtained from all booksellers.

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The Pharmacist.—This is the title of a new Journal, the first number of which was issued in September. It is published by the Chicago College of Pharmacy, and is intended to be a "truthful exponent of the condition and needs of Western Pharmacy." It is, for the present, to be issued quarterly, but it is expected soon to issue it monthly.

FOREIGN INTELLIGENCE.

Action of Mercury.—At the recent meeting of the British Medical Association in Oxford, Professor Hughes Bennett read an abstract of the results which had been arrived at by the Edinburgh Committee. The Committee, after a laborious investigation on the action of mercurials on dogs, arrived at the conclusion, that whether administered in large or small doses, the preparations of mercury exert no cholagogue action upon that animal—in fact, that they always diminish the flow of bile. How far this report can serve to throw light upon the action of mercurials on man, is, however, a matter upon which more than one opinion can be held. In the course of their investigations, the Committee have found that mercurials, when administered in large doses to dogs, purge them; and, when in smaller and frequently repeated doses, induce the same group of phenomena which are observed in men under the same circumstances, viz., fetor of the breath, salivation, and ulcerations of the gums. Having accurately ascertained these facts, the Committee appear to consider that the fact that mercurials fail to increase the flow of bile in the dog, affords an almost positive proof that these drugs do not exert a cholagogue action in the case of man. The experiments supported also the modern view that the diversion of the bile through a fistulous opening out of the body does not materially interfere with the intestinal functions, but leads to exhaustion of the body altogether. Dr. B. W. Richardson accepted the report as a model of scientific work, but urged still that mercury did exert a beneficial effect, and that experience confirmed its value. Was it possible, he asked, that mercury acted on the pancreatic gland as it did on the salivary glands, and that it caused an increase of pancreatic secretion? Dr. Bennett, in reply, said it was quite possible the pancreatic function was modified under the action of mercury, for, as one of the tables indicated, the pancreas in five cases was reported as very vascular.

Chloride of Ammonium and Tincture of Aconite in Ovarian Neuralgia.—Dr. J. Waring-Curran states that this combination seems to have a magical influence in the treatment of ovarian neuralgia. He reports six cases in which various sedatives and anodynes had been tried in vain. He prescribed an eight-ounce mixture, containing two drachms of muriate of ammonia, with five drop doses of tincture of aconite, and found that before the mixture was finished by the patient the pains had entirely ceased.—*Medical Press and Circular*, August 19, 1868.

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Sulphurous Acid in the Treatment of Pyrosis is strongly recommended by Dr. Lawson. *In every instance, he asserts, in which it has been employed it has, in a very short time, completely arrested the water-brash secretion.* It checks the excessive secretion, stops the vomiting, and lessens the epigastric dragging pain so often complained of. Dr. L. considers, provisionally, that its good effects are due to the production of ozone and the destruction of vegetable germs.

The doses of the acid (B. P.) vary from ℥xxx to ʒj three times a day, shortly before meals. Bitter infusions may be employed as a vehicle, but plain distilled water is best.—*The Practitioner*, September, 1868.

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Drinking-Water in Italy a Cause of Stone.—The *Lancet* (Aug. 15th, 1868) cautions tourists against the drinking-water in Italy. "Florence, and indeed all Tuscany, is very ill-supplied with this necessary of life—the water being supersaturated with inorganic, and even effete organic matter. In Florence itself the impurities in the water-supply are chiefly alkaline, and these combined with the acid red wines universally drunk by the population have caused stone and gravel to be widely prevalent. We have it on the authority of a highly intelligent Florentine, of great medical accomplishments, that 80 per cent. of the population are more or less afflicted with these diseases; and English residents, after but a few weeks' experience of Florence and its water, have found themselves suffering severely in the kidneys and bladder."

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Relief of Pain in Open Cancer.—It would appear from the hospital report of the *Lancet*, that, at the Middlesex Hospital, the pain of open cancer is found to be much relieved by the application of an ointment of which the following is the formula: Take half a pound of fresh stramonium leaves and two pounds of lard, mix the bruised leaves with the lard, and expose to a mild heat till the leaves become friable, then strain through lint. The ointment thus prepared is spread upon lint, and the dressing changed three times a day.—*The Practitioner*, September, 1868.

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Convenient Vehicle for the Application of Nitrate of Silver.—At University College Hospital (London), they have adopted the plan of dissolving nitrate of silver in nitrous ether; it can then be spread with a camel's hair brush over a surface, and the ether immediately evaporates.—*The Practitioner*, August, 1868.

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The Skull as a Test of Distinction of Races.—Prof. Huxley has dealt a blow at all ethnological systems in which the shape of the skull is erected into the principal standard by which the position and affinities of a race are to be judged. In a speech he delivered at the Prehistoric Congress at Norwich, he lays it down that the skull is by no means the best test of distinction. Take, for instance, he says, a peasant from Sweden and another from the Black Forest—both handsome stalwart men, and both manifestly members of the same race—and you will find their skulls as distinct as possible, one long and the other broad. The characteristics on which he relies are complexion, hair, and eyes.

"Guided by these, mankind may be divided into—1. The Australoid type, of which the complexion varies from dark to chocolate, the eyes are black, and the hair long and wavy. 2. The Negroid type, in which the complexion runs down to absolute blackness, the eyes are dark, and the hair crisp and woolly. 3. The Mongoloid, in which the skin is yellowish or olive, the eyes black, and the hair straight and lanky. 4. The Xanthochroid or Blonde, which has fair skin, showing through it the pink tinge of the blood, yellow hair, and blue eyes. In the two latter of these types the skull is variable, in the two former it is invariably long. The Mongoloid and the Xanthochroid races present no special difficulties in their geographical distribution. The

former have spread from Northern Asia all over the two Americas; the Xanthochroid have emerged from the Himalaya and the Caucasus to cover large continuous tracts of Asia and Europe. But the other two types present singular geographical anomalies. The Australoid type is found only in the mainland of Australia, far away in Central India in some tribes of the Deccan, and again in the ancient Egyptians, as depicted on their monuments. The Negroid type, whose home is Africa — but only Africa south of the Sahara—is only found again at a vast distance in Malacca, in the Andaman islands, and in a line running round Australia, and including Papua, the Feejee islands, and Tasmania. Whence this singular distribution? Does it not point to a vastly remote time, when these distant localities, between which there now rolls a vast ocean, were parts of one tropical continent? And if so, does it not throw back the appearance of man upon the globe to an era immeasurably more remote than has ever yet been assigned to it by the boldest speculators?" — *Med. Times and Gaz.*, Sept. 5, 1868.

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M. Nélaton.—The elevation of this eminent surgeon to a Senatorship by Napoleon III. has excited more than usual interest, inasmuch as it was stated to be the more honourable, not being accompanied by the condition that he should retire from the practice of his profession, as was the case when the same honour was offered to M. Double by Louis Philippe. It would appear from the following statement by M. Latour (*Union Médicale*), that there is some doubt about this matter; and he gives a correct version of the anecdote about Double. Double was the friend and physician of Marshal Soult, and it was at his request that Louis Philippe consented to create Double a peer, on the condition, however, that he gave up practice. The Marshal took the nomination to Double himself, and stated the condition attached to it. Double was very rich, approaching the end of his career, of simple or even austere habits; and certainly the desire of gain, and of the enjoyments obtainable by money, had no part in the resolution he came to. "Tell the King," he replied to the Marshal, "I can submit to no conditions. If I am to enter the Luxembourg, it must be stethoscope in hand." This was too much for Louis-Philippe, and the affair came to nothing. After all that has been said about the greater liberality manifested towards M. Nélaton by attaching no such conditions, it seems that he is to retire from practice! It is true that he has some time contemplated doing this, and has been withdrawing from consultations and operations; but it is very doubtful whether he would have received the nomination had this not been known to be the case. With respect to the immense income he is said to derive from his practice, M. Latour believes the statement that it amounts to 600,000 francs is a great exaggeration. Trousseau, at his most flourishing period, observed that there were but three practitioners in Paris whose income had sometimes exceeded 200,000 francs—viz., himself, and MM. Nélaton and Ricord. However this may be, Nélaton's retirement, and the deaths within so short a space of time of men so largely consulted as Trousseau, Velpeau, Rayer, and Jobert, have placed immense opportunities within the reach of the rising practitioners.

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Sexual Metamorphosis.—The Paris correspondent of the *Medical Times and Gazette*, writes: "A decision of considerable importance, but of questionable policy, has at last been forced upon the Faculty by the Minister. In spite of the opinion expressed by the Professors, the American lady who last year applied for a degree has been empowered to pass her first examination, which she achieved successfully; and, as a natural consequence, a French lady has now entered her name upon the books, and may even now be seen dissecting with the other students at the Ecole Pratique."

The editor of that journal, in commenting on this, remarks (No. for Aug. 29): "The age is advancing, and with it the development of the race. The process is rapidly tending to obliterate national differences, and in time we may expect that it will tend to annul sexual distinctions also. Modesty, which used to be the peculiar attribute of women, is gradually, it seems, becoming restricted to the male. It may be doubted, however, whether this phase of development really lends any support to the Darwinian hypothesis. It certainly is not the result of any process of natural selection, for it is hardly credible

that any of these metamorphosed beings would be naturally selected by any of our own coarse and domineering sex as a mate."

—

Miss Becker on Woman.—An American female—a Miss Becker—it appears, intruded herself on the British Association for the Advancement of Science, and inflicted upon the assemblage an address. The editor of the *Med. Times and Gaz.* remarks: "It must have been very amusing to the members of the British Association to hear Miss Becker discourse on the mental superiority of the female sex. This lady's propositions were so well-rounded and so categorically arranged that they must have overpowered many of our weaker brethren. Her utter disregard, however, of the necessity for urging something in support of these propositions was not a little characteristic of the lady debater, and the illustrations afford a happy example of the kind of science which is popular in the ranks of the *ci-devant* weaker branch of the human family. 'The superiority of sex was not always on the side of the male: witness bees,' said Miss Becker. This was most infelicitous. What is the domestic economy of the beehive? True, the males are not considerately treated, but then the really mentally superior and active members of the commonwealth are creatures we should be sorry to see Miss Becker selecting for her analogy—endowed with intelligence, but *devoid* of sex. The only female in the establishment leads a scandalous life of polyandry, is made a matron of as soon as she reaches maturity, is allowed to take no share in the affairs of the republic; and, finally, is kept hard at work perpetuating the species during the term of her natural life. Is this Miss Becker's notion of the female of the future?"

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Health of London.—During the last week in July the mean temperature of the air was 69 2°, or 7.6° above the average of the corresponding week in 50 years, according to Mr Glaisher's observations. If anything, there was a little less heat than in the week preceding, but the difference was not sufficient to avert the unfavourable influence which great heat combined with continued drought always exercises on the populations of great cities. The registered deaths amounted to 1885 in the week, or more by 243 than were recorded the week before, and 310 more than the weekly average of the season. The deaths from diarrhœa have risen from 340 to 442, and by the more serious choleraic form of disease from 37 to 58. It is to be noticed that the mortality from diarrhœa, unlike that from true cholera, is pretty equally diffused through the various water-fields of London. Zymotic disease caused 800 deaths, or 43 per cent. of the total mortality, the corrected average being only 631 deaths from this class of causes. Of the 58 deaths returned under the head of "cholera," 38 were of children under 1 year of age, 8 aged 1 year, and 4 between 2 and 5 years, leaving 7 cases of adult death resulting from attacks of cholera not exceeding thirty hours' duration.—*Lancet*, Aug. 1, 1868.

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Sunstroke in London.—The heat experienced in England during July was unusually intense. During the last week in that month twenty-two cases of sunstroke were reported, of which twenty were fatal.

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A Breeding Mule.—A curious occurrence at Mont-de-Marsan has been communicated at a recent meeting of the Société impériale d'acclimation, namely, that a female mule of twelve years of age has dropped a male colt, born at term and perfectly formed; the dam gives milk and the foal sucks, but the mother manifests a profound indifference for her offspring, and does not exhibit the slightest solicitude when separated from it.—*Med. Record*, Sept. 15, from *Gaz. Hebdom.*, No. 20.

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The Dominion Medical Journal.—We have received the first number of a monthly Journal of Medicine and Surgery issued last month, at Toronto, Canada, under the editorship of Llewellyn Brock, Esq., M. D.

The editor, in his introductory, states: "We shall unsparingly expose and flagellate quackery in any form, and will strive to guard the public against the dangers of ignorant and mercenary charlatans." This is admirable doctrine, but we cannot see that the editor has acted up to his professions, unless perhaps the so-called eclectic system of practice is considered legitimate medicine in "The Dominion."

NEW MEDICAL BOOKS.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on the Effects of an Adherent Prepuce upon the Urinary Organs.—By Mr. THOMAS BRYANT, Surgeon to Guy's Hospital.

It cannot be too much kept in mind, that an adherent prepuce by itself is capable of producing symptoms of difficult micturition, incontinence of urine, retention of urine, intermittent flow of urine, hæmaturia, and, indeed, any other symptom of urinary disease; for it seems that every source of irritation at the renal end or the external end of the urinary passage is referred to the bladder, or rather shows itself in the most marked degree in that viscus. In any case, consequently, of supposed stone in the bladder in a child, the penis should be well examined, for in a large number of cases the symptoms of stone will be found to be caused by an adherent or elongated prepuce.

The following brief cases illustrate the remarks we have just quoted:—

CASE 1. *Incontinence of urine from adherent prepuce; circumcision and recovery.*—William P., aged 11, came under Mr. Bryant's care at Guy's Hospital on March 16, 1864, for incontinence of urine. It had existed from birth. During the night his urine was always passing, but during the day he had some slight control over his bladder. On examining the bladder, no stone or other disease was felt; but he had a long prepuce, which was also firmly connected by adhesions to the glans penis. Circumcision was performed, and the subprepuital adhesions broken down, with a good result, for all incontinence and irritability of the bladder at once ceased, and two months subsequently he was still well.

CASE 2. *Retention of urine from adherent prepuce.*—Henry B., 20 months old, was brought to Mr. Bryant, at Guy's Hospital, on June 24, 1861, for retention of urine. For six weeks he had experienced

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difficulty in passing his urine, the mother asserting that the child had passed three days without micturating, and had commonly gone two days. On examination the prepuce was found to be firmly adherent to the glans penis. The bladder was apparently sound. The prepuce was separated from the glans penis, the adhesions being well torn through to escape the corona, and in a few days the child was well. When seen six weeks subsequently no return of the retention had taken place.

Case 3. *Retention of urine with an elongated and adherent prepuce, cured by circumcision.*—Thomas L., aged 6 years, came under Mr. Bryant's care, at Guy's Hospital, on January 28, 1867, with retention of urine. He had suffered at intervals from this condition for three weeks, and on one occasion had a catheter passed for a retention of twenty-four hours. When seen the boy had not passed urine for twelve hours. A pint of urine was drawn off. He had a long and adherent prepuce. Circumcision was performed, and all the adhesions between the prepuce and glans penis were broken down. A complete recovery followed, and when the child was seen a month subsequently he was still well.

Case. 4. *Difficult micturition and retention of urine from elongation of the prepuce, cured by circumcision.*—Tom C., aged 2¼, was brought to Mr. Bryant, at Guy's Hospital, on August 8, 1864, for a retention of urine of twelve hours' standing, and a difficulty in micturition which had been present for the last eighteen months of the child's life. The urine at times would not pass, and the attempt would be attended by some straining. An elongated and adherent prepuce was present. Circumcision was performed, and a good recovery took place, no return of any of his symptoms having been observed some weeks afterwards.

Case 5. *Intermittent flow of urine and pain from an adherent prepuce, cured by circumcision.*—Walter C., 12 years old, came under Mr. Bryant's care, at Guy's Hospital, on April 12, 1864, for pain in passing his water and an intermittent flow of urine. On making a careful examination of the bladder no calculus could be felt; an adherent prepuce, however, existed. The adhesions were at once broken down, and in one week all his symptoms had disappeared. They had not returned when seen one month subsequently.

Case 6.—Joseph S., aged 3, was brought to Mr. Bryant, at Guy's Hospital, on June 2, 1864, for symptoms of stone. He had experienced pain, and at times difficulty in micturition for many months, and the flow of urine would constantly stop and go on again. No stone, however, could be felt, but a long and adherent prepuce was detected. Circumcision was performed, and all adhesions broken down, a rapid recovery following, which was lasting.

Case 7. *Prolapsus recti with incontinence of urine and hæmaturia from an adherent prepuce; circumcision and recovery.*—E. J., aged 4, came under Mr. Bryant's care at Guy's Hospital, on Dec. 4, 1865. He had experienced difficulty in micturition from his birth, had at times suffered from retention of urine, and at others from incontinence. On several occasions he had passed blood with his water after straining. His water would constantly stop during its flow, and then go on again, as in stone. Since he was eight months old he had had prolapse of the bowel. He had taken advice from many men, but he never found relief from treatment. The bladder was examined with great care, but nothing wrong with it was detected The bowel also was quite healthy. The prepuce was very long and closely adherent to the glans penis. Circumcision was performed with a most satisfactory result, for all the symptoms at once vanished, and when the child was seen eight weeks after the operation he was quite well.

Case 8 *Priapism from birth, with adherent prepuce, cured by circumcision.*—Frank T., aged 2, was brought to Mr. Bryant, at Guy's Hospital, on May 19, 1862, for an erection of the penis which had existed from birth. The mother asserted that she had never seen the organ in a different condition. The child had never experienced any difficulty in micturition. The prepuce was also firmly adherent to the glans penis and elongated. Circumcision was performed, and the subpreputial adhesions destroyed, with a good result, for the priapism at once disappeared and did not return. The mother told Mr. Bryant that this child had had what was called tetanus when eleven months old, and fits, which were followed by some wasting of the legs. These limbs were at this time clearly feeble.—*Med. Times and Gaz.*, May 16, 1868.

HOSPITAL NOTES AND GLEANINGS.

Elephantiasis of Leg successfully treated by Blistering.—At the Royal Infirmary, Liverpool, under Mr. BICKERSTETH's care, there is a female patient who was admitted with elephantiasis of the left leg, the disease being of a very extensive nature, and affecting the whole extremity. The treatment employed was repeated blistering, with rest, and has been attended with the most satisfactory results, the leg having in less than two months become reduced in size to such an extent that it is now only a little larger than the healthy limb.—*Med. Times and Gaz.*, Sept. 19, 1868.

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Laryngo Tracheotomy in a Case of Suffocation from Drinking Boiling Water.—In a case which recently occurred at Westminster Hospital, a child aged two years was all but suffocated from having drunk boiling water from the spout of a teapot. When seen by Mr. Mason, the child had the most distressing dyspnœa, which was becoming more urgent at each inspiration. With the concurrence of his collegue, Mr. Brooke, Mr. Mason opened the trachea high up, and cut the cricoid cartilage When the tube was introduced, which was easily accomplished, the patient was instantly relieved. In the after-treatment, the tube was taken out at intervals, in order to ascertain if the child could breathe without it; but it was not until the twelfth day that the tube could be wholly dispensed with. The wound in the throat healed perfectly, and the child left the hospital entirely well. Mr. Mason ventures to think that many of the difficulties experienced in the operation of tracheotomy arise from the windpipe being opened too low down.—*Lancet*, Aug. 22, 1868.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Anti-Galactic Properties of Belladonna.—DR. D. W. STORMONT, of Topeka, Kansas (*Leavenworth Med. Herald*), mentions two cases of mammary abscess, in both of which the secretion of milk was stopped by the application of belladonna (ext. belladonnæ ℥ij, aquæ f℥j), painted over the breast. The lacteal secretion may be restrained, or entirely dried up, at the option of the physician, in one breast without producing much effect in the other. Hence he considers it invaluable in mammary abscess, both as a prophylactic and as a curative agent. The patient should be cautioned against nursing the child from the breast to which the belladonna has been applied.—*Med. Record*, Oct. 1, 1868.

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Library of the College of Physicians of Philadelphia.—This library has, during the present year, received many and valuable additions, and it is now one of the largest and is, probably, the most useful collection of medical works for reference in this country. The rooms have been recently elegantly furnished, and are open *daily* from 11 A. M. to 3 P. M., during which time the librarian is in attendance.

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Rhode Island Hospital.—A new hospital with this title was formally opened and dedicated on the 1st of Oct. The building is 410 feet front, and, from the published view, seems to be a very handsome and imposing edifice. It is situated in the town of Providence.

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American Pharmaceutical Association.—This Association held its sixteenth annual session in the city of Philadelphia at the New Hall of the College of Pharmacy, on the 8th, 9th, 10th, and 11th of September. As usual, a large amount of important business was transacted and a number of valuable reports and papers read. After which the Association adjourned to meet in Chicago on the 1st Tuesday of Sept. 1869.

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Missouri Medical College.—It is announced that Prof. PAUL F. EVE has accepted the chair of surgery in this school, rendered vacant by the death of Prof. Jos. N. McDowell.

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University of Maryland.—Dr. J. J. Chisholm, formerly Professor of Surgery in the Medical College of South Carolina, has been elected Professor of Military Surgery in this School.

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American Ophthalmological Society.—At the meeting of this society in July last, the following amendment to their constitution was unanimously adopted:—

"The members shall be graduates in medicine in good professional standing, who

have an interest in ophthalmic science and art. No member shall attach to his name, in any public manner, the title of 'Oculist,' or any similar title, or shall announce in print that he gives special or exclusive attention to special practice."

It is scarcely necessary for us to express our entire concurrence in the propriety and justice of this act.

FOREIGN INTELLIGENCE.

On the Treatment of Chronic Dyspepsia by Lactate of Soda and Magnesia.—Dr. Gabel asserts that the most obstinate form of dyspepsia is that which often occurs in chlorotic and anæmic patients, and in women suffering from uterine affection. This sympathetic dyspepsia is indicated by severe gastric pains coming on soon after a meal, but never spontaneously, and sometimes leading to vomiting. In this form of dyspepsia, acid formation in the stomach is the chief element. Dr. Gäbel has treated the pains by the carbonates of soda and magnesia, with no very satisfactory results; and pepsine has also frequently failed to do any service. Finally, pastilles containing lactate of soda and magnesia were administered directly after meals. The results of this treatment were very satisfactory; the irritation set up in the stomach by the presence of food gradually ceased; and the patients were soon enabled to take digestible articles of diet without suffering from pain. Dr. Gäbel has frequently succeeded in bringing about a permanent cure of this form of chronic dyspepsia by a prolonged administration of the pastilles.—*British Medical Journal*, Sept. 5, 1868.

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On Ergotin in Pertussis and Laryngeal Spasm.—Dr. Hampel states that he has derived great benefit from administering ergotin to children affected with hooping-cough. The best form for young patients is the ergotin lozenges recommended by Boujean, in which the drug is concealed by sugar. Hampel states that ergotin has the following beneficial results. It arrests bleeding, which is often so extensive as to produce anæmia and to increase the danger of the patient; it acts in this manner by lessening the amount of congestion in the bronchial mucous membrane, and by relieving the spasm and contraction of the glottis. It diminishes the intensity of the attacks, and increases the secretion of mucus from the bronchial tubes; it also reduces the sensibility of the bronchial mucous-membrane, which is much less readily irritated by external influences.—*British Medical Journal*, Sept. 5, 1868.

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Sulphite of Soda in Chronic Cystitis.—Mr. L. Wilcox, late house-surgeon of King's College Hospital, recommends the use of sulphites in those cases of chronic cystitis where the urine decomposes before it is eliminated. He finds that by the employment of the sulphite all the putridity disappears, and the urine becomes clear and colourless.—*The Practitioner*, Oct. 1868.

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The External Application of Iodide of Potassium.—Mr. Jas. Hird, of Pembroke, recommends the following formula for the external application of the iodide. Take of glycerine, ℥j; iodide of potassium, ℥ss; best yellow soap, ℥ss. Rub up the iodide thoroughly with the glycerine, and then add the yellow soap. This application is found to be very active in removing glandular tumours, &c.—*The Practitioner*, October, 1868.

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On the Subcutaneous Injection of Morphia in Cases of Luxation.—Dr. Felix Thierfelder recommends the subcutaneous injection of morphia in cases of luxation which cannot be reduced without resorting to some narcotizing agent. Four cases are reported: two of luxations at the shoulder-joint, one at the elbow-joint, and one at the knee—in which reduction seems to have been facilitated by injecting morphia subcutaneously. The following are given as the chief advantages of morphia over chloroform: 1. The amount of narcosis necessary for muscular reaction can be obtained more rapidly, and with greater safety, from morphia than from chloroform. 2. Morphia does not, like chloroform, cause loss of consciousness; and this is an important matter for the operator. The latter agent, when administered to spirit-drinkers—a class of individuals supplying a very large contingent to cases of luxation—is apt to cause excitement rather than complete stupefaction. In cases of this kind, there is no surer narcotizing agent than morphia. 3. The subcutaneous injection of morphia is generally justifiable, even in cases where chloroform is contra-indicated in consequence of organic disease.

4. The personal assistance required for the administration of chloroform can, with the subcutaneous injection of morphia, be dispensed with.—*British Medical Journal*, Sept. 5, 1868.

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New Preparation of Lupuline.—Dr. Dyce Duckworth recommends the following formula: Lupuline, 2 oz.; spirit. ammon. aromat., a pint. Macerate for seven days, agitating occasionally; then filter and add sufficient of the menstruum to make up to a pint. The dose of this is from twenty minims to one fluidrachm. He proposes to call it "tinctura lupulinæ ammoniata." He considers this preparation of the hop as the best we at present possess. According to Christison, the dose of tinctura lupuli should be from one fluidounce to one fluidounce and a half to produce any hypnotic effect; the ordinary dose consists of as many drachms. Dr. Ives, of New York, states that the tincture of lupuline is an effectual hypnotic in restlessness, the result of nervous irritability, and in delirium tremens. Some advantage, too, is derived from the presence of ammonia in considerable quantity, and this whether the preparation be exhibited as a hypnotic, or as a tonic combination of bitter and ammonia.—*British Medical Journal*, Oct. 3, 1868.

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Antidote to Carbolic Acid.—Dr. Crace Calvert states that in poisoning with this acid, the best antidote, after the stomach pump, is large doses of olive or almond oil, with a little castor oil. Oil is a solvent, and consequently a diluent of carbolic acid, and may be used to stop the corrosive effect of the acid when its action on the skin is too violent.—*Journal of Cutaneous Medicine*, Oct. 1868.

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Fatal Injection of a Nævus with Perchloride of Iron.—Although coagulating injections, in the treatment of nævi, have been recommended by the highest authorities, it should be borne in mind that their use, even in minute quantities, is not devoid of danger. Professor Santesson, of Stockholm, has added (*Journal für Kinderk.*, 1868, No. 3) another to the list of recorded fatal cases caused by this procedure: An infant, aged eight weeks, was brought to him on account of a large nævus on the cheek, which was increasing with great rapidity. It was too deeply situated to allow of success from vaccination to be hoped for, and it was resolved to inject it with the perchloride, a means which had proved successful in other cases, and up to that time had never given rise to any mischievous effects. The tinct. ferri oxymur. of the Swedish Pharmacopœia was employed, the syringe holding from eight to ten drops of the tincture. The canula was first introduced in a vertical and then in a transverse direction, using about half the contents of the syringe each time. While this was being slowly withdrawn the child suddenly ceased to scream, and was observed to be cyanotic and breathing with difficulty. Convulsive movements followed, but, in spite of all restorative measures, in a few minutes the child was dead. At the autopsy the spongy texture of the tumour was found to have been rendered firm by coagulation of the blood. The facial vein and its roots were empty, and no coagula were found in the upper part of the jugulars; but in the lower part of their course, towards the aperture of the chest, the blood was for the most part coagulated. The coagula continued, becoming, too, more solid, into the subclavian and vena cava, and the right cavities of the heart were distended with them A little coagulum existed in the left auricle, and the muscular substance of the heart was well contracted. The lungs were gorged with blood, especially at the posterior parts. These appearances, and the symptoms during life, leave scarcely any doubt that the point of the canula must have penetrated into some venal branch, possibly the facial vein itself, the three or four drops injected giving rise to the coagulation observed.—*Medical Times and Gazette*, Sept. 19, 1868.

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Animal Vaccination in Belgium.—This kind of vaccination, known as the Neapolitan, and introduced into France by M. Lanoix, has just received the sanction of the Belgian government. By a royal decree, an animal vaccine establishment is to be founded, the appointed director being M. Warlomont, who cordially took up the method of M. Lanoix's labours at Paris. In that capital animal vaccination found some opponents, and has not made such rapid progress as was at first anticipated, in spite of the very efficient support of Dr. Depaul, the head of the Vaccination Office of the Academy of Medicine of Paris.

Wounds produced by the Chassepot Bullet.—Very surprising statements have been current in regard to the effects of the Chassepot bullet, and the enormously disproportionate size of the wound of exit compared with that of entrance. The *Lancet* (Sept. 26) gives an account by Dr Gason, of Rome, relating to the effects produced by the bullet at the battle of Mentana, which are highly interesting as coming from an intelligent observer: "The projectiles used by both combatants in that engagement were principally the round ball, two sizes of the Minié, and the Chassepot ball. The lightness of the Chassepot firelock and its loading at the breech caused a far greater proportion of wounds in the upper part of the body than was the case in those wounds by balls from the muzzle loaders. The entrance made by the Chassepot ball was very small; the exit not much larger. We have the authority of Dr. Gason for positively asserting that among the cases brought into the hospitals in Rome there was not one where the wound produced by the Chassepot bullet bore any proportion to that mentioned in the report from the camp at Lyons—that 'the exit was as large as a person's two fists.' There was much less effusion of blood beneath the skin than in wounds by the round ball or Minié. The long bones were more frequently split. The immediate effects of the Chassepot were more fatal; but the ulterior effects less severe and fatal in wounds produced by the Chassepot than in those of the round ball or Minié. * * The external hæmorrhage was greater in wounds produced by the Chassepot ball than by any other form of projectile; and in those places where the Italians fell when struck by it there were large pools of blood. The Chassepot bullet is one inch long, blunt pointed; its base, the broadest part in circumference, is half an inch in its diameter. Its weight is six drachms and a half."

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Boys who Smoke.—Dr. Decaisne (*Bull. Gén. de Thérap.*) in the course of investigations on the influence of tobacco on the circulation, has been struck with the large number of boys, aged from nine to fifteen years, who smoke; and has been led to inquire into the connection of this habit with impairment of the general health. He has observed 38 boys, aged from 9 to 15, who smoked more or less. Of these, distinct symptoms were present in 27. In 22, there were various disorders of the circulation—*bruit de souffle* in the neck, palpitation, disorders of digestion, slowness of intellect, and a more or less marked taste for strong drink. In 3, the pulse was intermittent. In 8, there was found on examination more or less marked diminution of the red corpuscles; in 12, there was rather frequent epistaxis; 10, had disturbed sleep; and 4 had slight ulcerations of the mucous membrane of the mouth, which disappeared on ceasing from the use of tobacco for some days. In children who are very well nourished, the disorder was, in general less marked. As to the ages, 8 of the boys were from 9 to 12 years old; 19 from 12 to 15. The duration of the habit of smoking was: in 11, from six months to a year; and in 16, more than two years. The ordinary treatment of anæmia in general produced no effect as long as the smoking was continued; but when this was desisted from, health was soon perfectly restored, if there were no organic disease.—*Brit. Med. Journal*, Sept. 26, 1868.

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Congress of German Naturalists and Physicians in Dresden.—This is a model Congress as far as care and anxiety for the comfort of the members on the part of the committee, and the dignified and courteous patronage of the king, the government, and the municipality are concerned. Each member on arriving was provided with every information, and had the choice of free quarters, ordinary lodgings, or hotel accommodation. The government have placed a large building at the disposal of the committee, and the first meeting was marked by speeches of the Secretary of State for the Home Department, the Chief Magistrate of Dresden, and the presence of the King and the Crown Prince. No less than 1127 members were present; and the most brilliant festivities, excursions by rail for more than a thousand persons together (a large proportion of the members being accompanied by their wives), theatrical performances, concerts, &c., are throwing a peculiar charm over this scientific meeting. —*Lancet*, Oct. 3, 1868.

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The Frame and Constitution of Mind for Medical Research.—Dr. B. W. Richardson, in his admirable inaugural address before the St. Andrews Medical Graduates Association, remarks: "The very first

necessity in medical research is a proper frame and constitution of mind. This condition, partly natural, partly acquired on a natural talent, is such that it ruthlessly and inevitably reduces to a small minority all who truly live, and who, when they are dead, command. . . . It is not difficult, nay it is very easy, for a man to become a great performer in the art of physic, especially in the chirurgical part, and thus excelling to become justly famous; it is easy for a man to become erudite; it is comparatively easy for a man of ingenious mind to become a great theorist, and by his speculations, to live even briefly after his death; Cullen, Darwin, and Brown, are noted examples in this line. Lastly, by a spick and span method of ignoring fixed truths and inventing wild dogmas, it is the easiest of all things to gain a spurious fame, and even to live, as Hahneman has long lived, on the uplifted ignorance of the illiterate in science."

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Death from the Use of Arsenic by a Cancer Quack.—We are not insensible to the force of the reasons for giving quackery plenty of rope. Scientific medicine can afford only too well to smile at those notions of personal liberty which permit one subject to give, and another to take, advice in vital matters where both parties are, in the nature of the case, incapable of having a right judgment. A singular illustration of the liberty of subjects has just occurred in Scotland. A certain Mrs. Landess, of Paisley, was recovering in March last from an abscess of the breast, consequent, apparently, on weaning her child, when she chanced to meet a man who, from his own account, had been cured of cancer of the ear by one Alexander Paterson. She immediately conceived the wish to see Paterson, and to try his practice. He came, and pronounced the stangs that Mrs. Landess had felt in her suppurating breast to be the symptoms of cancer, which he proceeded to attack heroically—that is to say, by first applying a blister to the breast, and then an arsenical ointment, which, according to the analysis of Professor Maclagan, was nearly half arsenic and half lard. Very naturally Mrs. Landess began to get worse. She had headache, vomiting and retching, great thirst, and the inflammation got worse and spread from the breast to the arm. She died in ten days. Arsenic was found in the various tissues and organs of the body. Professor Maclagan found no trace of cancer in the breast, and had no hesitation in saying that the patient had died of arsenical poisoning. The only defence set up for the "panel" was, that he had cured many cancers with this ointment, and that it had been laid on a little thicker than he ordered. The judge, Lord Ardmillan, said there could be no doubt that Mrs. Landess died from arsenic.—*Lancet*, Oct. 3, 1868.

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A Layman's opinion on the Treatment of the Insane.—We frequently have had occasion to notice the incompetence of town councils and guardians of the poor to legislate in regard to medical matters. A somewhat remarkable illustration of this has recently been offered by a certain Mr. Pool, a member of the Derby town council, who in discussing the subject of a proposed Borough Lunatic Asylum, made the following sagacious and philanthropic remarks: "Mr. Pool asked how it was there were more lunatics now than formerly. He was strongly inclined to think it was owing to the good treatment they received. It was his opinion that the best plan of treatment would be to treat them with a horsewhip! He was not speaking ironically at all, but meant what he said; a good horsewhip would be the best thing. Under the present system of treatment they were always likely to have a good many lunatics."—*British Medical Journal*, Oct. 3, 1868.

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Obituary Record.—Died, in Glasgow, July 30, 1868, aged 74 years, after a very brief illness, William Mackenzie, M D., Surgeon Oculist to the Queen in Scotland, Lecturer on the Eye in the University of Glasgow, and Surgeon to the Eye Infirmary of that city, which last institution he established in conjunction with Dr. Geo. Monteith in 1824. This eminent surgeon was highly esteemed for his scientific attainments and for ability in the treatment of the diseases of the eye, to which branch of surgery the greater part of his life was devoted. He is well known in this country by a learned work on the Diseases of the Eye, which was so valued as to have been translated into French and German. He was also the author of several other works, and for two years edited the *Glasgow Medical Journal*.

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ADDRESS.

Abstract of an Address Delivered by Prof. TYNDALL *at the Opening of the Meeting of the Mathematical and Physical Section of the British Association for the Advancement of Science at the Meeting at Norwich*, Aug. 1868.

The learned successor of Faraday at the Royal Institution, after an introduction of great length, proceeded as follows: "There have been writers who affirmed that the pyramids of Egypt were the productions of nature; and in his early youth Alexander Von Humboldt wrote an essay with the express object of refuting this notion. We now regard the pyramids as the work of men's hands, aided probably by machinery of which no record remains. We picture to ourselves the swarming workers toiling at those vast erections, lifting the inert stones, and, guided by the volition, the skill, and possibly at times by the whip of the architect, placing the stones in the proper positions. The blocks in this case were moved by a power external to themselves, and the final form of the pyramid expressed the thought of its human builder. Let us pass from this illustration of building power to another of a different kind. When a solution of common salt is slowly evaporated, the water which holds the salt in solution disappears, but the salt itself remains behind. At a certain stage of concentration the salt can no longer retain the liquid form; its particles, or molecules, as they are called, begin to deposit themselves as minute solids, so minute, indeed, as to defy all microscopic power. As evaporation continues solidification goes on, and we finally obtain, through the clustering together of innumerable molecules, a finite mass of salt of a definite form. What is this form? It sometimes seems a mimicry of the archi-

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ecture of Egypt. We have little pyramids built by the salt, terrace above terrace from base to apex, forming thus a series of steps resembling those up which the Egyptian traveller is dragged by his guides. The human mind is as little disposed to look at these pyramidal salt-crystals without further question, as to look at the pyramids of Egypt without inquiring whence they came. How, then, are those salt-pyramids built up? Guided by analogy you may suppose that, swarming among the constituent molecules of the salt, there is an invisible population, guided and coerced by some invisible master, and placing the atomic blocks in their positions. This, however, is not the scientific idea, nor do I think your good sense will accept it as a likely one. The scientific idea is that the molecules act upon each other without the intervention of slave labour; that they attract each other and repel each other at certain definite points, and in certain definite directions; and that the pyramidal form is the result of this play of attraction and repulsion. While, then, the blocks of Egypt were laid down by a power external to themselves, these molecular blocks of salt are self posited, being fixed in their places by the forces with which they act upon each other. But passing from what we are accustomed to regard as a dead mineral to a living grain of corn. When it is examined by polarized light chromatic phenomena similar to those noticed in crystals are observed. And why? Because the architecture of the grain resembles in some degree the architecture of the crystal. In the corn the molecules are also set in definite positions, from which they act upon the light. But what has built together the molecules of corn? I have already said regarding crystalline architecture that you may, if you please, consider the atoms and molecules to be placed in position by a power external to themselves. The same hypothesis is open to you now. But if in the case of crystals you have rejected this notion of an external architect, I think you are bound to reject it now, and to conclude that the molecules of the corn are self-posited by the forces with which they act upon each other. It would be poor philosophy to invoke an external agent in the one case and to reject it in the other. Instead of cutting our grain of corn into thin slices and subjecting it to the action of polarized light, let us place it in the earth and subject it to a certain degree of warmth. In other words, let the molecules, both of the corn and of the surrounding earth, be kept in a state of agitation; for warmth, as most of you know, is, in the eye of science, tremulous molecular motion. Under these circumstances, the grain and the substances which surround it interact, and a molecular architecture is the result of this interaction. A bud is formed; this bud reaches the surface, where it is exposed to the sun's rays, which are also to be regarded as a kind of a vibratory motion. And as the common motion of heat with which the grain and the substances surrounding it were first endowed enabled the grain and these substances to coalesce, so the specific motion of the sun's rays now enables the green bud to feed upon the carbonic acid and the aqueous vapour of the air, appropriating those constituents of both for which the blade has an elective attraction, and permitting the other constituent to resume its place in the air. Thus forces are active at the root, forces are active in the blade, the matter of the earth and the matter of the atmosphere are drawn towards the plant, and the plant augments in size. We have in succession the bud, the stalk, the ear, the full corn in the ear. For the forces here at play act in a cycle which is completed by the production of grains similar to that with which the process began. Now, there is nothing in this process which necessarily eludes the power of mind as we know it. An intellect the same in kind as our own would, if only sufficiently expanded, be able to follow the whole process from beginning to end. No entirely new intellectual faculty would be needed for this purpose. The duly expanded mind would see in the process and its consummation an instance of the play of molecular force. It would see every molecule placed in its position by the specific attractions and repulsions exerted between it and other molecules. Nay, given the grain and its environment, an intellect the same in kind as our own, but sufficiently expanded, might trace *a priori* every step of the process, and by the application of mechanical principles would be able to demonstrate that the cycle of action must end, as it is seen to end, in the reproduction of forms like that with which the operation began. A similar necessity rules here to that which rules the planets in their circuits round the sun. You will notice that I am stating my

truth strongly, as at the beginning we agreed it should be stated. But I must go still further, and affirm that in the eye of science *the animal body* is just as much the product of molecular force as the stalk and ear of corn, or as the crystal or salt of sugar. Many of its parts are obviously mechanical. Take the human heart, for example, with its exquisite system of valves, or take the eye, or the hand. Animal heat, moreover, is the same in kind as the heat of a fire, being produced by the same chemical process. Animal motion, too, is as directly derived from the food of the animal, as the motion of Trevethyck's walking-engine from the fuel in its furnace. As regards matter the animal body creates nothing; as regards force it creates nothing. Which of you by taking thought can add one cubit to his stature? All that has been said regarding the plant may be re-stated with regard to the animal. Every particle that enters into the composition of a muscle, a nerve, or a bone, has been placed in its position by molecular force. And unless the existence of law in these matters be denied, and the element of caprice introduced, we must conclude that, given the relation of any molecule of the body to its environment, its position in the body might be predicted. Our difficulty is not with the quality of the problem, but with its complexity; and this difficulty might be met by the simple expansion of the faculties which man now possesses. Given this expansion, and given the necessary molecular data, and the chick might be deduced as rigorously and as logically from the egg as the existence of Neptune was deduced from the disturbances of Uranus, or as conical refraction was reduced from the undulatory theory of light. You see I am not mincing matters, but avowing nakedly what many scientific thinkers more or less distinctly believe. The formation of a crystal, a plant, or an animal, is in their eyes a purely mechanical problem, which differs from the problems of ordinary mechanics in the smallness of the masses and the complexity of the processes involved. Here you have one-half of our dual truth; let us now glance at the other half. Associated with this wonderful mechanism of the animal body we have phenomena no less certain than those of physics, but between which and the mechanism we discern no necessary connection. A man, for example, can say, I feel, I think, I love; but how does consciousness infuse itself into the problem? The human brain is said to be the organ of thought and feeling; when we are hurt the brain feels it, when we ponder it is the brain that thinks, when our passions or affections are excited it is through the instrumentality of the brain. Let us endeavour to be a little more precise here. I hardly imagine that any profound scientific thinker who has reflected upon the subject exists who would not admit the extreme probability of the hypothesis, that for every fact of consciousness, whether in the domain of sense, of thought, or of emotion, a certain definite molecular condition is set up in the brain; that this relation of physics to consciousness is invariable, so that, given the state of the brain, the corresponding thought or feeling might be inferred; or, given the thought or feeling, the corresponding state of the brain might be inferred. But how inferred? It is at bottom not a case of logical inference at all, but of empirical association. You may reply that many of the inferences of science are of this character; the inference, for example, that an electric current of a given direction will deflect a magnetic needle in a definite way; but the cases differ in this, that the passage from the current to the needle, if not demonstrable, is thinkable, and that we entertain no doubt as to the final mechanical solution of the problem; but the passage from the physics of the brain to the corresponding facts of consciousness is unthinkable. Granted that a definite thought and a definite molecular action in the brain occur simultaneously; we do not possess the intellectual organ, nor apparently any rudiment of the organ, which would enable us to pass by a process of reasoning from the one phenomenon to the other. They appear together, but we do not know why. Were our minds and senses so expanded, strengthened, and illuminated as to enable us to see and feel the very molecules of the brain; were we capable of following all their motions, all their groupings, all their electric discharges, if such there be; and were we intimately acquainted with the corresponding states of thought and feeling, we should be as far as ever from the solution of the problem, "How are these physical processes connected with the facts of consciousness?" The chasm between the two classes of phenomena would still remain

intellectually impassable. Let the consciousness of love, for example, be associated with a right-handed spiral motion of the molecules of the brain, and the consciousness of hate with a left-handed spiral motion. We should then know when we love that the motion is in one direction, and when we hate that the motion is in the other; but the "why?" would still remain unanswered. In affirming that the growth of the body is mechanical, and that thought as exercised by us, has its correlative in the physics of the brain, I think the position of the "materialist" is stated as far as that position is a tenable one. I think the materialist will be able finally to maintain this position against all attacks; but I do not think, as the human mind is at the present constituted, that he can pass beyond it. I do not think he is entitled to say that his molecular groupings and his molecular motions explain everything. In reality they explain nothing. The utmost he can affirm is the association of two classes of phenomena, of whose real bond of union he is in absolute ignorance. The problem of the connection of body and soul is as insoluble in its modern form as it was in the prescientific ages. Phosphorus is known to enter into the composition of the human brain, and a courageous writer has exclaimed, in his trenchant German, "Ohne phosphor kein Gedanke." That may or may not be the case; but even if we knew it to be the case, the knowledge would not lighten our darkness. On both sides of the zone here assigned to the materialist he is equally helpless. If you ask him whence is this "matter" of which we have been discoursing, who or what divided it into molecules, who or what impressed upon them this necessity of running into organic forms, he has no answer. Science also is mute in reply to these questions. But if the materialist is confounded and science rendered dumb, who else is entitled to answer? To whom has the secret been revealed? Let us lower our head and acknowledge our ignorance one and all. Perhaps the mystery may resolve itself into knowledge at some future day. The process of things upon this earth has been one of amelioration. It is a long way from the Iguanodon and his contemporaries to the president and members of the British Association. And whether we regard the improvement from the scientific or from the theological point of view, as the result of progressive development, or as the result of successive exhibitions of creative energy, neither view entitles us to assume that man's present faculties end the series—that the process of amelioration stops at him. A time may, therefore, come when this ultra-scientific region by which we are now enfolded may offer itself to terrestrial, if not to human investigation. Two-thirds of the rays emitted by the sun fail to arouse in the eye the sense of vision. The rays exist, but the visual organ requisite for their translation into light does not exist. And so from this region of darkness and mystery which surrounds us, rays may now be darting which require but the development of the proper intellectual organs to translate them into knowledge as far surpassing ours as ours does that of the wallowing reptiles which once held possession of this planet. Meanwhile the mystery is not without its uses. It certainly may be made a power in the human soul; but it is a power which has feeling, not knowledge, for its base. It may be and will be, and we hope is, turned to account, both in steadying and strengthening the intellect, and in rescuing man from that littleness to which, in the struggle for existence, or for precedence in the world, he is continually prone.—*Medical Press and Circular*, Sept. 2, 1868.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death from Chloroform.—Dr. E. A. Clark adds (*Humboldt Medical Archives*, Nov. 1868) another case to the long list of deaths from the inhalation of chloroform. Charles S. ———, aged 31, was admitted into the St. Louis City Hospital in October, affected with prolapsus of the rectum and hæmorrhoids. It was determined to return them while the patient was under the influence of chloroform. He was apparently in the full vigor of health, and the heart and lungs were normal. A drachm of chloroform was poured upon a napkin. After the inhalation had continued about two minutes, Dr. C. began to manipulate the tumour, but finding that it still gave pain, he discontinued, and another drachm of chloroform was administered. Very soon the patient had the usual spasm, and in about thirty seconds the muscles began

to relax, and the chloroform inhalation was discontinued. The pulse was normal, the breathing slightly stertorous, the face was more livid than usual. The patient was turned upon his right side for greater ease in the operation, but, in about one minute from the time the chloroform was withdrawn, it was observed he had ceased breathing, and that the pulse at the wrist and carotids was imperceptible, while the superficial vessels were full and distended, and the face of a dark, livid colour. The ordinary efforts for resuscitation were resorted to with the effect of causing three or four long, full inspirations, but the heart never beat again from the moment natural respiration ceased.

A *post-mortem* revealed considerable serous exudation beneath the arachnoid, with venous congestion of the brain; ventricles empty and the choroid plexus congested; the heart empty and its structure normal; lungs healthy, presenting, however, some hypostatic congestion on the posterior surface.

—

Massachusetts Medical College.—This school has lost, by resignation, the valuable services of its very able and highly respected Professor of Obstetrics and Medical Jurisprudence, Dr. D. Humphreys Storer. Dr. S. justly enjoys an exalted reputation as a skilful physician, and as a learned naturalist; and wherever known, is esteemed as a courteous, high-minded, and most honourable gentleman.

The following letter, addressed to him by his colleagues in the Medical Faculty, well expresses their estimate of his long and successful labours and their regret at the separation.

"*To Prof. D. H. Storer, M. D.*

"Dear Friend and Colleague.: It is with great regret that we, the members of the Medical Faculty, have received your note stating that you have sent your resignation to the Corporation. We had hoped to continue long to profit by your services and to enjoy your companionship. We trusted that you would share with us the pleasure of seeing our institution, so long and deeply indebted to your labours, flourishing and extending still further its usefulness and reputation.

"You will carry with you the kindest remembrances of your colleagues and the recollection of services which we all feel to have been of the highest value to the cause of medical education. We are sure that nothing will ever impair your interest in the medical school and the university, on the roll of whose honoured instructors your name will stand recorded, when the edifices which now shelter their students shall have all crumbled in ruin. You will still remain, as we confidently believe, the friend and counsellor of those with whom you have been so long associated.

"As a teacher, you have been earnest, interesting, instructive, indefatigable; as Dean, attentive to every duty, and ever watchful for the welfare of the students; as a colleague, always kind and courteous; in all things conscientious and devoted.

"This is our record in simple truth and justice.

"Accept our kindest wishes at parting, and believe us very sincerely your friends."

Dr. Chas. E. Buckingham has been appointed to the chair vacated by Dr. Storer.

—

A Complimentary Reception was given on the evening of the 24th of October, by members of the profession to Professors Gross and Pancoast on their return home from their visit to Europe. Several of our eminent professional brethren from New York, Baltimore, etc., the Governor of the State and the Mayor of the city, were present by invitation. A number of complimentary speeches were elicited, and the reunion is said to have been a very pleasant one.

—

Boston City Hospital.—Dr. B. E. Cutting, of Roxbury, has been chosen one of the Board of Consulting Physicians and Surgeons to the Boston City Hospital, in place of the late Dr. John Homans.

—

Medical Department of Dartmouth College (Hanover, N. H).—Prof. E. R. Peaslee has been transferred from the chair of Anatomy and Physiology which he has occupied for the past twenty-eight years, to that of Diseases of Women; and Dr. Lyman B. How, late Demonstrator of Anatomy, succeeds Dr. Peaslee in the chair of Anatomy and Physiology. Professor Dixi Crosby, Professor of Surgery and Obstetrics, has resigned the former Chair in favour of his son, Professor A. B. Crosby.

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The present number of the "News" contains the completion of "Hudson's Lectures on Fever." In the number for January, 1869, will be commenced a new and important work, just issued in London—

A PRACTICAL TREATISE ON

THE WASTING DISEASES OF INFANCY AND CHILDHOOD.

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Physician to the N. W. Free Dispensatory for Sick Children, etc. etc.

Containing elaborate chapters on Atrophy from insufficient nourishment, Chronic Diarrhœa, Chronic Vomiting, Rickets, Congenital Syphilis, Worms, Chronic Tuberculosis, Chronic Pulmonary Phthisis, Tuberculization of Glands, etc.

It will be seen that the practical tendency of this work will maintain the character of the volumes which have appeared through the columns of the Medical News and Library. As it will commence with the year and will probably be completed by December, 1869, this affords a very eligible time for new subscribers to begin their subscriptions.

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